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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990PF* for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

A Employer identification number
20-0721133

Number and street (or P O box number if mail is not delivered to street address) Room/suite
150 N COLLEGE ST NC1-028-17-06

B Telephone number (see instructions)
(980) 386-9127

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28255

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 10,495,307

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	123,353,540			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	338,641	338,641		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	288,658	2,174		
	12	**Total.** Add lines 1 through 11	123,980,839	340,815		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	4,311	4,311		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,990	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	9,420	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	15,721	4,311		0
	25	Contributions, gifts, grants paid	169,816,208			169,816,208
	26	**Total expenses and disbursements.** Add lines 24 and 25	169,831,929	4,311		169,816,208
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-45,851,090			
	b	**Net investment income** (if negative, enter -0-)		336,504		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	56,335,874	10,484,784	10,484,784
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1	10,523	10,523
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	56,335,875	10,495,307	10,495,307
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	56,335,875	10,495,307	
	30	**Total net assets or fund balances** (see instructions)	56,335,875	10,495,307	
	31	**Total liabilities and net assets/fund balances** (see instructions)	56,335,875	10,495,307	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	56,335,875
2	Enter amount from Part I, line 27a	2	-45,851,090
3	Other increases not included in line 2 (itemize) ▶	3	10,522
4	Add lines 1, 2, and 3	4	10,495,307
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	10,495,307

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	162,451,684	11,080,254	14 661368
2016	163,926,706	3,708,542	44 202467
2015	149,179,938	7,718,182	19 328378
2014	175,729,408	5,931,137	29 628283
2013	160,457,718	19,732,114	8 131806

2	**Total** of line 1, column (d)	2	115 952302
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	23 190460
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	23,157,694
5	Multiply line 4 by line 3	5	537,037,576
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	3,365
7	Add lines 5 and 6	7	537,040,941
8	Enter qualifying distributions from Part XII, line 4	8	169,816,208

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b			1	6,730
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2	0
3	Add lines 1 and 2			3	6,730
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-			5	6,730
6	Credits/Payments				
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1,498		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c	0		
d	Backup withholding erroneously withheld	6d	0		
7	Total credits and payments Add lines 6a through 6d			7	1,498
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached			8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶			9	5,232
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶			10	
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶	**Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶DE, NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW BANKOFAMERICA COM/FOUNDATION

14 The books are in care of ▶ FOUNDATION FINANCE Telephone no ▶ (980) 386-9127

Located at ▶ 100 NORTH TRYON STREET CHARLOTTE NC ZIP+4 ▶ 28255

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☑ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☑ Yes ☐ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	**5b**		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. . . . . ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X **Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities.		1a	10,382
b	Average of monthly cash balances.		1b	23,499,967
c	Fair market value of all other assets (see instructions).		1c	0
d	**Total** (add lines 1a, b, and c).		1d	23,510,349
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e 0		
2	Acquisition indebtedness applicable to line 1 assets.		2	0
3	Subtract line 2 from line 1d.		3	23,510,349
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).		4	352,655
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	23,157,694
6	**Minimum investment return.** Enter 5% of line 5.		6	1,157,885

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6.		1	1,157,885
2a	Tax on investment income for 2018 from Part VI, line 5.	2a 6,730		
b	Income tax for 2018 (This does not include the tax from Part VI).	2b		
c	Add lines 2a and 2b.		2c	6,730
3	Distributable amount before adjustments Subtract line 2c from line 1.		3	1,151,155
4	Recoveries of amounts treated as qualifying distributions.		4	286,289
5	Add lines 3 and 4.		5	1,437,444
6	Deduction from distributable amount (see instructions).		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.		7	1,437,444

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	169,816,208
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	169,816,208
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions.	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4.	6	169,816,208

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,437,444
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____ , 20____ , 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 159,234,148				
b From 2014. 175,105,025				
c From 2015. 148,380,806				
d From 2016. 163,926,706				
e From 2017. 161,517,136				
f **Total** of lines 3a through e.	808,163,821			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 169,816,208				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				1,437,444
e Remaining amount distributed out of corpus	168,378,764			
5 Excess distributions carryover applied to 2018 *(If an amount appears in column (d), the same amount must be shown in column (a))*	0			0
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	976,542,585			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	159,234,148			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	817,308,437			
10 Analysis of line 9				
a Excess from 2014. . . . 175,105,025				
b Excess from 2015. . . . 148,380,806				
c Excess from 2016. . . . 163,926,706				
d Excess from 2017. . . . 161,517,136				
e Excess from 2018. . . . 168,378,764				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SEE FOUNDATION WEBPAGE AT WWWBANKOF
1500 N COLLEGE ST NC1-028-17-06
CHARLOTTE, NC 28255
(800) 218-9946
WWW BANKOFAMERICA COM/FOUNDATION

b The form in which applications should be submitted and information and materials they should include

GRANT APPLICATIONS SHOULD BE SUBMITTED ONLINE THROUGH THE FOUNDATION'S WEBPAGE AT WWW BANKOFAMERICA COM/FOUNDATION THE FOUNDATION HAS THE FOLLOWING DEADLINES FOR SUBMISSION FOR CERTAIN TYPES OF GRANTS STUDENT LEADERS GRANTS - 11/1/2017 TO 12/31/2018 AND NEIGHBORHOOD BUILDERS PROGRAM - 7/1/17 TO 8/12/18 PLEASE VISIT THE FOUNDATION'S WEBSITE AT WWW BANKOFAMERICA COM/FOUNDATION FOR ADDITIONAL INFORMATION RELATING TO THESE AND OTHER PROGRAMS

c Any submission deadlines

SEE ABOVE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE ORGANIZATION WILL ONLY CONSIDER PROPOSALS ALIGNED WITH THE FOUNDATION'S COMMUNITY FUNDING PRIORITIES AND LOCATED IN STATES IN WHICH THE BANK OF AMERICA HAS A PRESENCE SEE THE 'FREQUENTLY ASKED QUESTIONS' UNDER THE 'ABOUT US' SECTION OF THE WEBPAGE AT WWW BANKOFAMERICA COM/FOUNDATION

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	338,641	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MINERAL RECEIPTS			14	2,174	
b LITIGATION PROCEEDS			14	195	
c STALE CHECKS RETURNED					286,289
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		341,010	286,289
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	627,299

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
11B	RECOVERY OF MONIES PREVIOUSLY GRANTED BY ORGANIZATION

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2019-05-13	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
AMY BIBBY				P00445891
Firm's name ▶ DIXON HUGHES GOODMAN LLP				Firm's EIN ▶56-0747981
Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no (828) 254-2254

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FINUCANE ANNE M 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	CHAIRMAN 4 00	0	0	0
SULLIVAN KERRY H 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	PRESIDENT 30 00	0	0	0
LOCANE SILVANIA JENNIFER 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	VICE PRESIDENT 38 00	0	0	0
MCNAIRY WILLIAM L 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	SENIOR VICE PRESIDENT, TAX 2 00	0	0	0
JOHNSON COLLEEN O 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	SECRETARY 4 00	0	0	0
PATEL ANNA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	TREASURER 2 00	0	0	0
CAMPOS DANNIELLE C 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	CRITICAL NEEDS PLATFORM OWNER 30 00	0	0	0
DESISTO RENA M 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	ARTS AND CULTURE PLATFORM 20 00	0	0	0
FITZGERALD STEPHEN B 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	COMMUNITY DEVELOPMENT AND 30 00	0	0	0
JR CHARLES R HENDERSON 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	COMMUNITY/RURAL PLATFORM O 30 00	0	0	0
LIFTMAN ALEXANDRA C 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	ENVIRONMENTAL PLATFORM OWN 20 00	0	0	0
PORTUGAL SUSAN 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	BANK OF AMERICA COMMUNITY 30 00	0	0	0
HOLLINGSWORTH ABIGAIL 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	WORKFORCE/EDUCATION PLATFO 30 00	0	0	0
SUITS BRENDA L 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	HABITAT, UNITED WAY AND MI 30 00	0	0	0
REID SHILO 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	INTERNATIONAL PORTFOLIO MA 38 00	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SULLIVAN ANDREA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	INTL GRANT PORTFOLIO MANAG 20 00	0	0	0
SCANLAN KATHLEEN 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	LMD SEGMENT EXECUTIVE 8 00	0	0	0
BOWMAN CHARLES 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	LMD SEGMENT EXECUTIVE 8 00	0	0	0
BARKER JEFF 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	LMD REGION EXECUTIVE 8 00	0	0	0
DOLAN WILLIAM 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	ARTS AND CULTURE PLATFORM 10 00	0	0	0
OGARROW JACQUELINE 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	COMMUNITY AFFAIRS PLATFORM 10 00	0	0	0
MCQUAID KATHERINE 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	COMMUNITY AFFAIRS PLATFORM 10 00	0	0	0
BROWN RICHARD 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	ENVIRONMENTAL PLATFORM MAN 10 00	0	0	0
DELGADO XIMENA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	AFFINITY GROUPS & INDIAN R 30 00	0	0	0
BELL CAITLIN 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	STUDENT LEADER PROGRAM OWN 30 00	0	0	0
THORN GEORGE 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	NEIGHBOR BUILDER PROGRAM OWNER 30 00	0	0	0
ROMANO SANDRA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	JOE MARTIN SCHOLARSHIP PRO 30 00	0	0	0
NORTON CHAPPELL MELISSA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	HR PROGRAM MANAGER 30 00	0	0	0
GOODMAN CECILIE 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	VOLUNTEERING GRANTS MANAGE 30 00	0	0	0
BANKS KEITH T 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	DIRECTOR 1 00	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
PLEPLER ANDREW D 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARLOS BELTRAN BASEBALL ACADEMY INC PO BOX 1115 FLORIDA, PR 00650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
CARLOS BELTRAN BASEBALL ACADEMY INC PO BOX 1115 FLORIDA, PR 00650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
CARLOS BELTRAN BASEBALL ACADEMY INC PO BOX 1115 FLORIDA, PR 00650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND DOG INCORPORATED PO BOX 1669 FAJARDO, PR 00738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMMUNITY FOUNDATION OF THE VIRGIN PO BOX 11790 ST THOMAS, VI 00801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
ST THOMAS HISTORICAL TRUST INC PO BOX 6707 ST THOMAS, VI 00804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CARE CENTER OF ST JOHN INC PO BOX 429 ST JOHN, VI 00831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ANIMAL CARE CENTER OF ST JOHN INC PO BOX 429 ST JOHN, VI 00831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ANIMAL CARE CENTER OF ST JOHN INC PO BOX 429 ST JOHN, VI 00831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNTOS Y UNIDOS POR PUERTO RICO INC PO BOX 9146 SAN JUAN, PR 00908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,561
JUNTOS Y UNIDOS POR PUERTO RICO INC PO BOX 9146 SAN JUAN, PR 00908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC CALLE CABO ALVERIO 566 HATO REY, PR 00918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC CALLE CABO ALVERIO 566 HATO REY, PR 00918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FUNDACION CASA CORTES INC PO BOX 363626 SAN JUAN, PR 00936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HAROLD GRINSPOON FOUNDATION 67 HUNT ST AGAWAM, MA 01001	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPSHIRE COLLEGE TRUSTEES 893 WEST STREET AMHERST, MA 01002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HAMPSHIRE COLLEGE TRUSTEES 893 WEST STREET AMHERST, MA 01002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
BEST BUDDIES INTERNATIONAL INC 401 MAIN STREET SUITE 15 AMHERST, MA 01002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
CAMP KINDERLAND INCPO BOX 119 EASTHAMPTON, MA 01027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE HILL SCHOOLPO BOX 116 HARDWICK, MA 01037	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
PROVIDENCE MINISTRIES FOR THE NEEDY 40 BRIGHTSIDE DRIVE HOLYOKE, MA 01040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
LUDLOW BOYS & GIRLS CLUB INC 91 CLAUDIA WAY LUDLOW, MA 01056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLINICAL & SUPPORT OPTIONS INC 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF THE SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,925
TRUSTEES OF THE SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF THE SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF THE SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANLEY PARK OF WESTFIELD INC 400 WESTERN AVENUE WESTFIELD, MA 01085	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	250
WESTFIELD94 N ELM STREET STE 101 WESTFIELD, MA 01085	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
NEW ENGLAND PUBLIC RADIO FOUNDATION 1525 MAIN STREET SPRINGFIELD, MA 01103	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAY FINDERS INC 120 MAPLE STREET 4TH FL SPRINGFIELD, MA 01103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WAY FINDERS INC 120 MAPLE STREET 4TH FL SPRINGFIELD, MA 01103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WOMENS FUND OF WESTERN MASSACHUSETT 1350 MAIN STREET STE 1006 SPRINGFIELD, MA 01103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS OF PROVIDENCE HEALTH SYSTEM 271 CAREW STREET SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
THE SHRINERS HOSPITAL FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
THE SHRINERS HOSPITAL FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 150 BROOKDALE DRIVE SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
URBAN LEAGUE OF SPRINGFIELD INC 1 FEDERAL STREET SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	151
YWCA OF WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYSTATE HEALTH FOUNDATION INC 280 CHESTNUT STREET SPRINGFIELD, MA 01199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BAYSTATE HEALTH FOUNDATION INC 759 CHESTNUT ST SPRINGFIELD, MA 01199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MISS HALLS SCHOOL INC 492 HOLMES ROAD PO BOX 1166 PITTSFIELD, MA 01202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARD COLLEGE84 ALFORD ROAD GREAT BARRINGTON, MA 01230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CHARLEYS FUND INC 635 MAIN STREET SUITE 3 GREAT BARRINGTON, MA 01230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLEYS FUND INC 635 MAIN STREET SUITE 3 GREAT BARRINGTON, MA 01230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	545
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,042
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULL FRAME INITIATIVE INC 308 MAIN STREET STE 2A GREENFIELD, MA 01301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MONTEVERDE FRIENDS U S INC PO BOX 1308 GREENFIELD, MA 01302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEA COMMUNITY THEATER INC PO BOX 349 DEERFIELD, MA 01373	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEWVUE COMMUNITIES INC 470 MAIN STREET FITCHBURG, MA 01420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC PO BOX 780 CHARLTON CITY, MA 01508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HARVEST PROJECT INC 37 WHEELER ROAD NORTH GRAFTON, MA 01536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST JOHNS HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
THE UMASS MEMORIAL FOUNDATION INC 333 SOUTH ST SHREWSBURY, MA 01545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ANIMAL RESCUE US PO BOX 137 SHREWSBURY, MA 01545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
OLD STURBRIDGE INC 1 OLD STURBRIDGE VILLAGE ROAD STURBRIDGE, MA 01566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
NICHOLS COLLEGE129 CENTER ROAD DUDLEY, MA 01571	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NICHOLS COLLEGE129 CENTER ROAD DUDLEY, MA 01571	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE 15-40 CONNECTION INC PO BOX 1153 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE 15-40 CONNECTION INC PO BOX 1153 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE MISSION INC 69 MILK STREET STE 300 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE 15-40 CONNECTION INC PO BOX 1153 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
THE 15-40 CONNECTION INC PO BOX 1153 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN HILLS FOUNDATION INC 81 HOPE AVENUE WORCESTER, MA 01603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
OUR LADY OF THE ANGELS MEMORIAL ELE 1220 MAIN STREET WORCESTER, MA 01603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER ACADEMY 81 PROVIDENCE ST WORCESTER, MA 01604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
JOY OF MUSIC PROGRAM INC 1 GORHAM ST WORCESTER, MA 01605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOY OF MUSIC PROGRAM INC 1 GORHAM ST WORCESTER, MA 01605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANCROFT SCHOOL110 SHORE DRIVE WORCESTER, MA 01605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY METROWEST - GR 640 LINCOLN STREET WORCESTER, MA 01605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,100
HABITAT FOR HUMANITY METROWEST - GR 640 LINCOLN STREET WORCESTER, MA 01605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2000 CENTURY DRIVE WORCESTER, MA 01606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
BE LIKE BRIT FOUNDATION INC 66 PULLMAN STREET WORCESTER, MA 01606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
DRESS FOR SUCCESS WORCESTER INC 484 MAIN STREET SUITE 110 WORCESTER, MA 01608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOTTOM LINE INC 40 SOUTHBRIDGE STREET SUITE 500 WORCESTER, MA 01608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WORCESTER COUNTY MECHANICS ASSOCIAT 321 MAIN STREET WORCESTER, MA 01608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
WORCESTER CHAMBER MUSIC SOCIETY INC 323 MAIN STREET WORCESTER, MA 01608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS MASSACHUSETTS INC 484 MAIN STREET SUITE 600 WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DIOCESE OF WORCESTER49 ELM ST WORCESTER, MA 01609	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	825
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 19 HARVARD STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ABBY KELLEY FOSTER HOUSE INC 52 HIGH ST WORCESTER, MA 01609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CREATIVE HUB WORCESTER 134 ELM ST APT 1 WORCESTER MA 01609 WORCESTER, MA 01609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF WORCESTER 65 TAINTER STREET WORCESTER, MA 01610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE UMASS MEMORIAL FOUNDATION INC 55 LAKE AVENUE NORTH WORCESTER, MA 01655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRAMINGHAM STATE UNIVERSITY FOUNDAT 100 STATE ST FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 30 SPEEN STREET FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	541
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 30 SPEEN STREET FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 30 SPEEN STREET FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COREY C GRIFFIN CHARITABLE FOUNDATI 205 NEWBURY ST STE 410 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
TOOTS FORE TUFTS521 BELKNAP RD FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 30 SPEEN STREET FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 30 SPEEN STREET FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTH MIDDLESEX OPPORTUNITY COUNCIL 7 BISHOP STREET FRAMINGHAM, MA 01702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMINGHAM TOWNWIDE PTO COUNCIL 100 DUDLEY ROAD FRAMINGHAM, MA 01702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FIND THE CAUSE INCPO BOX 2112 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DANIEL JAMES MCCARTHY MEMORIAL FUND 525 MASSACHUSETTS AVENUE SUITE A ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AGAPE INTERNATIONAL INCPO BOX 51 ASHLAND, MA 01721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	468
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDFORD RESEARCH FOUNDATION INC PO BOX 1028 BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	563
UDAVUM KARANGAL OF USA 23 CROSBY DRIVE BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
SCIENCE FROM SCIENTISTS INC 1 DEANGELO DRIVE SUITE C BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UDAVUM KARANGAL OF USA 23 CROSBY DRIVE BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,529
CARLISLE COMMUNICATIONS INC 662A BEDFORD ROAD CARLISLE, MA 01741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE GLEASON PUBLIC LIBRA 22 BEDFORD ROAD CARLISLE, MA 01741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD FREE PUBLIC LIBRARY CORPORA 129 MAIN STREET CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
IMPACT MELANOMA 490 VIRGINIA ROAD CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
IMPACT MELANOMA 490 VIRGINIA ROAD CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTANAS FOR THE CHILDREN OF VENEZU 17 NATHAN PRATT DR UNIT 208 CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VENTANAS FOR THE CHILDREN OF VENEZU 17 NATHAN PRATT DR UNIT 208 CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONCORD ANTIQUARIAN SOCIETY PO BOX 146 CONCORD, MA 01742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERSON HEALTH CARE FOUNDATION INC 133 OLD ROAD TO NINE ACRE CORNER CONCORD, MA 01742	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	53
THRIVE SUPPORT & ADVOCACY INC 65 BOSTON POST ROAD WEST SUITE 220 MARLBOROUGH, MA 01752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	352
BOYS AND GIRLS CLUBS OF METROWEST I 169 PLEASANT ST MARLBOROUGH, MA 01752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVANCED MATH AND SCIENCE ACADEMY C 201 FOREST STREET MARLBOROUGH, MA 01752	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
COMMONWEALTH INSTITUTE INC PO BOX 473 MAYNARD, MA 01754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMONWEALTH INSTITUTE INC PO BOX 473 MAYNARD, MA 01754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR METROWEST INC 3 ELIOT STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL KIDNEY FOUNDATION INC 209 WEST CENTRAL STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
FOUNDATION FOR METROWEST INC 3 ELIOT STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR METROWEST INC 3 ELIOT STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 209 WEST CENTRAL STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CARROLL SCHOOL CORP 25 BAKER BRIDGE ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOOD PROJECT INC10 LEWIS ST LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	413
FOOD PROJECT INC10 LEWIS ST LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MOSAIC DOWN SYNDROME PO BOX 321 STOW, MA 01775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 600 W CUMMINGS PARK SUITE 2750 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREG HILL FOUNDATION 800 WEST CUMMINGS PARK STE 3700 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 600 W CUMMINGS PARK SUITE 2750 WOBURN, MA 01801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
LUMIND RESEARCH DOWN SYNDROME 20 BURLINGTON MALL ROAD SUITE 200 BURLINGTON, MA 01803	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,900
SAHELI INCP O BOX 1345 BURLINGTON, MA 01803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMIND-RESEARCH DOWN SYNDROME FOUND 20 BURLINGTON MALL ROAD SUITE 200 BURLINGTON, MA 01803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUMIND-RESEARCH DOWN SYNDROME FOUND 20 BURLINGTON MALL ROAD SUITE 200 BURLINGTON, MA 01803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAHEY CLINIC FOUNDATION INC PHILANTHROPY OFFICE 41 MALL ROAD BURLINGTON MA 01809 BURLINGTON, MA 01805	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,778
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,033
FAMILIES OF SMAPO BOX 7 NORTH CHELMSFORD, MA 01824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ESPERANZA ACADEMY INC 198 GARDEN STREET LAWRENCE, MA 01840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICES OF THE MERRIMACK VA 430 NORTH CANAL STREET LAWRENCE, MA 01840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ESPERANZA ACADEMY198 GARDEN ST LAWRENCE, MA 01840	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
LAWRENCE COMMUNITY WORKS INC 168 NEWBURY STREET LAWRENCE, MA 01841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE COMMUNITY WORKS INC 168 NEWBURY STREET LAWRENCE, MA 01841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 118 S BROADWAY LAWRENCE, MA 01843	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 118 S BROADWAY LAWRENCE, MA 01843	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
FOSTER KIDS OF THE MERRIMACK VALLEY 76 BONANNO COURT METHUEN, MA 01844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER, MA 01845	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
IMPACT 100 BOSTON 134 GREAT POND ROAD NORTH ANDOVER, MA 01845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MICHAEL SCHOOL21 SIXTH STREET LOWELL, MA 01850	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	304
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MILL CITY GROWS INCPO BOX 7133 LOWELL, MA 01852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UTEC INC15 WARREN STREET 3 LOWELL, MA 01852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STE JEANNE D'ARC ELEMENTARY SCHOOL 68 DRACUT STREET LOWELL, MA 01854	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
STE JEANNE D'ARC ELEMENTARY SCHOOL 68 DRACUT STREET LOWELL, MA 01854	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
TIAN YUE ACADEMY OF THE ARTS 128 MARBLEHEAD ST NORTH READING, MA 01864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIAN YUE ACADEMY OF THE ARTS 128 MARBLEHEAD ST NORTH READING, MA 01864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AUSTIN PREPARATORY SCHOOL 101 WILLOW ST READING, MA 01867	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
WAKEFIELD WARRIOR CLUB INC PO BOX 442 WAKEFIELD MA, MA 01880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAY SOPER MEMORIAL FUND INC 233 MAIN STREET WINCHESTER, MA 01890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
CLAY SOPER MEMORIAL FUND INC 233 MAIN STREET WINCHESTER, MA 01890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLAY SOPER MEMORIAL FUND INC 233 MAIN STREET WINCHESTER, MA 01890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEVERLY CHILDRENS LEARNING CENTERS 550 CABOT STREET BEVERLY, MA 01915	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 01915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 01915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA CARE NETWORK INC 199 ROSEWOOD DR STE 180 DANVERS, MA 01923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEET PAWS RESCUEPO BOX 752 ESSEX, MA 01929	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAPE ANN MUSEUM INC 27 PLEASANT STREET GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
TALIA DUFF FOUNDATION INC PO BOX 588 IPSWICH, MA 01938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ABBOT PUBLIC LIBRARY FUND INC 10 DARLING ST MARBLEHEAD, MA 01945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARBLEHEAD MUSEUM & HISTORICAL SOCI 170 WASHINGTON ST MARBLEHEAD, MA 01945	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
NEWBURYPORT MARITIME SOCIETY INC 25 WATER STREET NEWBURYPORT, MA 01950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEWBURYPORT MARITIME SOCIETY INC 25 WATER STREET NEWBURYPORT, MA 01950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 85 LOWELL ST PEABODY, MA 01960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LANDMARK SCHOOL INC 429 HALE STREETPO BOX 227 PRIDES CROSSING, MA 01965	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LANDMARK SCHOOLPO BOX 227 PRIDES CROSSING, MA 01965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ROWLEY FREE PUBLIC L 141 MAIN STREET ROWLEY, MA 01969	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PEABODY ESSEX MUSEUM INC EAST INDIA SQ SALEM, MA 01970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
PEABODY ESSEX MUSEUM INC EAST INDIA SQ SALEM, MA 01970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEABODY ESSEX MUSEUM INC EAST INDIA SQ SALEM, MA 01970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
SALEM ACADEMY CHARTER SCHOOL 45 CONGRESS ST SALEM, MA 01970	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1ST LIEUTENANT DEREK HINES SOLDIERS 6 CHASE STREET WEST NEWBURY, MA 01985	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CANTON 960 WASHINGTON STREET CANTON MA 02021 CANTON, MA 02021	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	575
URSULINE ACADEMY85 LOWDER ST DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	338
THREE SQUARES NEW ENGLAND PO BOX 1055 DEDHAM, MA 02027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
WALPOLE SCHOLARSHIP FOUNDATION INC PO BOX 58 EAST WALPOLE, MA 02032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL LINCOLN PLACE FOXBORO, MA 02035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MASSACHUSETTS BREAST CANCER COALITI PO BOX 202 FRANKLIN, MA 02038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DERBY ACADEMY TRUSTEES 56 BURDITT AVENUE HINGHAM, MA 02043	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DERBY ACADEMY TRUSTEES 56 BURDITT AVENUE HINGHAM, MA 02043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
HINGHAM GIRLS HOCKEY BOOSTERS INC 159 HERSEY HINGHAM, MA 02043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NOTRE DAME ACADEMY SCHOOL 1073 MAIN STREET HINGHAM, MA 02043	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY SCHOOL 1073 MAIN STREET HINGHAM, MA 02043	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	725
CATHOLIC CHARITABLE BUREAU OF THE A 2 10TH STREET HULL, MA 02045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
KEEP MASSACHUSETTS BEAUTIFUL 11 OLD NORTH TRAIL MANSFIELD, MA 02048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIP AMERICA INC P O BOX 23 MANSFIELD, MA 02048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUB OF MARSHFIELD INC 37 PROPRIETORS DR MARSHFIELD, MA 02050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF MARSHFIELD INC 37 PROPRIETORS DR MARSHFIELD, MA 02050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MARSHFIELD INC 37 PROPRIETORS DR MARSHFIELD, MA 02050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	231
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FRIENDSHIP HOME INCPO BOX 916 NORWELL, MA 02061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	958
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CHORAL ART SOCIETY OF THE SOUTH SHO 91 TILDEN ROAD SCITUATE, MA 02066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AUDUBON SOCIETY INC 293 MOOSE HILL PARKWAY SHARON, MA 02067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROTARY CLUB OF SHARON CHARITABLE FU PO BOX 16 SHARON, MA 02067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BILL BELICHICK FOUNDATION 1600 PROVIDENCE HWY SUITE 125 WALPOLE, MA 02081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	525
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
SUFFOLK UNIVERSITY SUFFOLK UNIVERSITY OFFICE OF DEVELOPMENT 8 ASHBURTON PLACE BOSTO BOSTON, MA 02108	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
SUFFOLK UNIVERSITY SUFFOLK UNIVERSITY OFFICE OF DEVELOPMENT 8 ASHBURTON PLACE BOSTO BOSTON, MA 02108	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 32ND FLOOR BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 31ST FL BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 31ST FL BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE HOUSING PARTNERSHIP NETWORK INC ONE WASHINGTON MALL 12TH FLOOR BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS ASSOCIATION OF COMMUN 15 COURT SQUARE SUITE 600 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
TRUST FOR PUBLIC LAND 6 BEACON STREET SUITE 615 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TRUST FOR PUBLIC LAND 6 BEACON STREET SUITE 615 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEED GLOBAL HEALTH INC 20 ASHBURTON PLACE BOSTON, MA 02108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
MUSEUM OF AFRO AMERICAN HISTORY INC 14 BEACON ST SUITE 401 BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ROBERT F KENNEDY CHILDRENS ACTION C 40 COURT STREET SUITE 410 BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300,000
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 85 DEVONSHIRE STREET 9TH FLOOR BOTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 240 COMMERCIAL STREET SUITE 4B BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
BOTTOM LINE INC50 MILK STREET BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RESILIENT CODERS INC 50 MILK ST 16TH FL BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UASPIRE INC 31 MILK STREET SUITE 900 BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333,333
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 240 COMMERCIAL STREET SUITE 4B BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AUTISM SPEAKS INC 85 DEVONSHIRE STREET 9TH FLOOR BOTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON POLICE FOUNDATION INC 8 FANEUIL HALL MARKETPLACE BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AUTISM SPEAKS INC 85 DEVONSHIRE STREET 9TH FLOOR BOTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	333,333
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL VENTURE PARTNERS BOSTON 71 COMMERCIAL STREET 139 BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CLEAN AIR TASK FORCE INC 18 TREMONT ST STE 530 BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
CLEAN AIR TASK FORCE INC 18 TREMONT ST STE 530 BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTMAS IN THE CITY INC 45 FRANKLIN ST C/O KENNEDY BROS PT BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JEWISH VOCATIONAL SERVICE INC 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED GRANT MAKERS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
CONSERVATION LAW FOUNDATION INC 62 SUMMER STREET BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATED GRANT MAKERS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
CATHOLIC SCHOOLS FOUNDATION INC 67 BATTERYMARCH STREET 6TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 45 FRANKLIN STREET 3RD FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	364
BOYS AND GIRLS CLUBS OF BOSTON INC 200 HIGH STREET 3B BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ASSOCIATED GRANT MAKERS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ASSOCIATED GRANT MAKERS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTMAS IN THE CITY INC 45 FRANKLIN ST C/O KENNEDY BROS PT BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PIONEER INSTITUTE INC 185 DEVONSHIRE ST SUITE 1101 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOBS FOR THE FUTURE INC 88 BROAD STREET BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLOOR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLOOR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLOOR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,600
MASSACHUSETTS NONPROFIT NETWORK INC 2 ATLANTIC AVENUE 1ST FLOOR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SAMARITANS INC 41 WEST STREET 4TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CERES INC 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83,333
FAMILYAID BOSTON INC 727 ATLANTIC AVE BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICAN CIVIC ASSOCIATION IN 87 TYLER STREET 5TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BUSINESSES UNITED IN INVESTING LEND 745 ATLANTIC AVENUE BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILYAID BOSTON INC 727 ATLANTIC AVE BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERATIONS INCORPORATED 25 KINGSTON STREET 4TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSE FITZGERALD KENNEDY GREENWAY CO 185 KNEELAND STREET 2ND FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BUSINESSES UNITED IN INVESTING LEND 745 ATLANTIC AVE 8TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAMILYAID BOSTON INC 727 ATLANTIC AVE BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILYAID BOSTON INC 727 ATLANTIC AVENUE BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SAMARITANS INC 41 WEST STREET 4TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JA WORLDWIDE INC745 ATLANTIC AVE BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JA WORLDWIDE INC745 ATLANTIC AVE BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
EASTER SEALS INC 89 SOUTH ST 1ST FLOOR BOSTON, MA 02111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN TASK FORCE AGAINST DOMESTIC V PO BOX 120108 BOSTON, MA 02112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FRIENDS OF THE ELIOT SCHOOL INC 16 CHARTER STREET BOSTON, MA 02113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FRIENDS OF THE ELIOT SCHOOL INC 16 CHARTER STREET BOSTON, MA 02113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYMAKERS FOR HOPE INC 100 NORTH WASHINGTON STREET 4TH FLOOR BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HAYMAKERS FOR HOPE INC 100 NORTH WASHINGTON STREET 4TH FLOOR BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAYMAKERS FOR HOPE INC 100 NORTH WASHINGTON STREET 4TH FLOOR BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
VILNA SHUL BOSTON CENTER FOR JEWISH 18 PHILLIPS STREET BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSEUM OF SCIENCESCIENCE PARK BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54,000
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYMAKERS FOR HOPE INC 100 NORTH WASHINGTON STREET 4TH FLOOR BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOSTON CARES INC 90 CANAL STREET SUITE 610 BOSTON, MA 02114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS HOUSING AND SHELTER A PO BOX 8638 BOSTON, MA 02114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHRISTOPHERS HAVEN INC 1 EMERSON PLACE 2N BOSTON, MA 02114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
CONCUSSION LEGACY FOUNDATION INC 361 NEWBURY STREET 5TH FLOOR BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 4 JERSEY STREET BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,975
PARTNERS HEALTHCARE SYSTEM INC 4 JERSEY STREET BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PARTNERS HEALTHCARE SYSTEM INC 4 JERSEY STREET BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BRUINS CHARITABLE FOUNDATION 100 LEGENDS WAY BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PARTNERS HEALTHCARE SYSTEM INC 4 JERSEY STREET BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOSTON MAIN STREETS FOUNDATION 333 NEWBURY STREET BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 4 JERSEY STREET BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CONCUSSION LEGACY FOUNDATION INC 361 NEWBURY STREET 5TH FLOOR BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CONCUSSION LEGACY FOUNDATION INC 361 NEWBURY STREET 5TH FLOOR BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPINGSTONE FOUNDATION INC ONE APPLETON STREET 4TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
THE KINGSLEY MONTESSORI SCHOOL INC 30 FAIRFIELD ST BOSTON, MA 02116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
BENJAMIN FRANKLIN INSTITUTE OF TECH 41 BERKELEY STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPINGSTONE FOUNDATION INC ONE APPLETON STREET 4TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	475
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD ASSOCIATION OF THE BAC 160 COMMONWEALTH AVE L8 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLR ATTN KIRAN RAI BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ESPLANADE ASSOCIATION INC 376 BOYLSTON STREET SUITE 503 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	969
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVENUE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION ATTN JESSE MATTLEMAN 140 CLARENDON ST SUITE 403 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CITY YEAR INC287 COLUMBUS AVE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FOODCORPS INC NEW PROFIT ATTN FOODCORPS 200 CLARENDON ST 44TH FL BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC287 COLUMBUS AVE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CAMP HARBOR VIEW FOUNDATION INC C/O CONNORS FAMILY OFFICE 200 CLARENDON STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVENUE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARTS BOSTON INC 31 ST JAMES AVENUE SUITE 360 BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CITY YEAR INC287 COLUMBUS AVE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN MASSACHUSETT 420 BOYLSTON ST STE 505 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARTS BOSTON INC 31 ST JAMES AVENUE SUITE 360 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
BOSTON FOUNDATION INC 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLIS MEMORIAL AND ELDREDGE HOUSE I 58 BERKELEY STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BIG SISTER ASSOCIATION OF GREATER B 20 PARK PLAZA SUITE 1420 BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CITY YEAR INC287 COLUMBUS AVE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC287 COLUMBUS AVE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NEIGHBORHOOD ASSOCIATION OF THE BAC 160 COMMONWEALTH AVE L8 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BOSTON PRIDE COMMITTEE INC 398 COLUMBUS AVE 285 BOSTON, MA 02116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
INNERCITY WEIGHTLIFTING INC PO BOX 171313 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
WOMENS LUNCH PLACE INC P O BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNERCITY WEIGHTLIFTING INC PO BOX 171313 BOSTON, MA 02117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BACK BAY CHORALE LTD PO BOX 170051 BOSTON, MA 02117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN PARKINSON DISEASE ASSOC 72 EAST CONCORD STREET C3 BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,085
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERSEMINARIAN-PROJECT PLACE INC 1145 WASHINGTON STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,425
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
UNITED SOUTH END SETTLEMENTS 566 COLUMBUS AVE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SOUTH END SETTLEMENTS 566 COLUMBUS AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN PARKINSON DISEASE ASSOC 72 EAST CONCORD STREET C3 BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOSTON DEBATE LEAGUE 566 COLUMBUS AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CASA MYRNA VASQUEZ INC 38 WAREHAM STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIRD SECTOR NEW ENGLAND INC 560 ALBANY STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,260
THE FUND FOR PARKS AND RECREATION I 1010 MASSACHUSETTS AVENUE 3RD FLOOR BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVE BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY ON A HILL FOUNDATION INC 15 ALLERTON ST STE 1 ROXBURY, MA 02119	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
JEREMIAH PROGRAM 130 WARREN STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INITIATIVE FOR A COMPETITIVE INNER 56 WARREN STREET SUITE 300 ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MORGAN MEMORIAL GOODWILL INDUSTRIES 1010 HARRISON AVENUE BOSTON, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF EASTERN MASSACHUSET 88 WARREN ST ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AIDS ACTION COMMITTEE OF MASSACHUSE 75 AMORY ST BOSTON, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL CENTER OF AFRO AMERICAN AR 300 WALNUT AVENUE BOSTON, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR BOSTON CENTERS FOR Y 1483 TREMONT STREET BOSTON MA 02120 BOSTON, MA 02119	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ROXBURY YOUTHWORKS INC 841 PARKER STREET SUITES 104-106 ROXBURY CROSSING, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
METROPOLITAN BOSTON HOUSING PARTNER 1411 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIEDAD LATINA INC 1530 TREMONT STREET ROXBURY, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
METROPOLITAN BOSTON HOUSING PARTNER 1411 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SQUASHBUSTERS INC 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN BOSTON HOUSING PARTNER 1411 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ROXBURY YOUTHWORKS INC 841 PARKER STREET SUITES 104-106 ROXBURY CROSSING, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMONWEALTH KITCHEN INC 196 QUINCY STREET DORCHESTER, MA 02121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,475
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,902
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPIPHANY SCHOOL INC154 CENTRE ST DORCHESTER, MA 02124	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LEAP SELF-DEFENSE INC PO BOX 240927 BOSTON, MA 02124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
URBAN FOOD INITIATIVE 420 WASHINGTON STREET DORCHESTER, MA 02124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN FOOD INITIATIVE 420 WASHINGTON STREET DORCHESTER, MA 02124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGIATE CHARTER SCHOOL FO 215 SYDNEY STREET DORCHESTER, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BACK ON MY FEET426 E 1ST STREET BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOYS AND GIRLS CLUBS OF BOSTON INC 230 W 6TH ST SOUTH BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BACK ON MY FEET426 E 1ST STREET BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BOSTON NEIGHBORHOOD HOUSE INC 136 H STREET SOUTH BOSTON, MA 02127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
EXCEL ACADEMY CHARTER SCHOOL 2 NEPTUNE ROAD 148 EAST BOSTON, MA 02128	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CHARLESTOWN COOPERATIVE NURSERYSCHO 124 MAIN STREET CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTOWN COOPERATIVE NURSERYSCHO 124 MAIN STREET CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PARTNERS HEALTHCARE SYSTEM INC 300 FIRST AVE CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE ON MENTAL ILLNESS 529 MAIN ST 1M7 BOSTON, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HEADING HOME INC THE SCHRAFFT CENTER 529 MAIN STREET SUITE 100 CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HEADING HOME INC THE SCHRAFFT CENTER 529 MAIN STREET SUITE 100 CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,426
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
GRASSROOTS INTERNATIONAL INC 179 BOYLSTON STREET 4TH FL BOSTON, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET BOX 468 BOSTON, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE CHILDREN-BOSTON INC 555 AMORY STREET BOSTON, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE SQUARE TASK FORCE INC PO BOX 301871 JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	885
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
BOSTON TEACHERS UNION SCHOOL 25 WALK HILL STREET JAMAICA PLAIN, MA 02130	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON TEACHERS UNION SCHOOL 25 WALK HILL STREET JAMAICA PLAIN, MA 02130	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	116
ROSLINDALE VILLAGE MAIN STREET INC 4236A WASHINGTON STREET ROSLINDALE, MA 02131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROSLINDALE VILLAGE MAIN STREET INC 4236A WASHINGTON STREET ROSLINDALE, MA 02131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSLINDALE VILLAGE MAIN STREET INC 4236A WASHINGTON STREET ROSLINDALE, MA 02131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VHL ALLIANCE INC 1208 VFW PARKWAY SUITE 303 BOSTON, MA 02132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOSTON LANDMARKS ORCHESTRA INC 214 LINCOLN STREET SUITE 331 BOSTON, MA 02134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVIN SPOONFULS INC 1304 COMMONWEALTH AVENUE SUITE E BOSTON, MA 02134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MOUNT SAINT JOSEPH ACADEMY 617 CAMBRIDGE STREET BRIGHTON, MA 02134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,817
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	166
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,204
BOSTON BAROQUE INC TEN GUEST STREET SUITE 290 BOSTON, MA 02135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOSTON BAROQUE INC TEN GUEST STREET SUITE 290 BOSTON, MA 02135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WGBH MUSIC INCONE GUEST STREET BOSTON, MA 02135	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON STREET BRIGHTON, MA 02135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	27
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,087
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,400
PRESIDENT AND FELLOWS OF HARVARD CO 124 MOUNT AUBURN STREET ROOM 430N CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,524
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION INTERNATIONAL 10 FAWCETT ST SUITE 204 CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PHILLIPS BROOK HOUSE ASSOCIATION IN 104 MOUNT AUBURN ST 5TH FLOOR CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ACCION EAST INC 10 FAWCETT STREET SUITE 204 CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TANZANIAN CHILDRENS FUND INC 9 WATERHOUSE STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
FOOD FOR FREE COMMITTEES INC 11 INMAN ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE STE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	727
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR FREE COMMITTEES INC 11 INMAN ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WOMENS EDUCATIONAL CENTER 46 PLEASANT STREET CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE STE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE STE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	888
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
SUMMER SCIENCE PROGRAM INC PO BOX 410011 CAMBRIDGE, MA 02141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,050
SUMMER SCIENCE PROGRAM INC PO BOX 410011 CAMBRIDGE, MA 02141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SCIENCE PROGRAM INC PO BOX 410011 CAMBRIDGE, MA 02141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JOEY O DONNELL FOUNDATION TRUST 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RESPOND INCPO BOX 555 SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CASPAR INCPO BOX 45538 SOMERVILLE, MA 02145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
IMMIGRANT LEARNING CENTER INC 442 MAIN STREET MALDEN, MA 02148	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMIGRANT LEARNING CENTER INC 442 MAIN STREET MALDEN, MA 02148	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
REFUGEE-IMMIGRATION MINISTRY 6 PLEASANT STREET SUITE 612 MALDEN, MA 02148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REFUGEE-IMMIGRATION MINISTRY 6 PLEASANT STREET SUITE 612 MALDEN, MA 02148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYSTIC VALLEY ELDER SERVICES INC 300 COMMERCIAL ST SUITE 19 MALDEN, MA 02148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHELSEA COLLABORATIVE INC 318 BROADWAY CHELSEA, MA 02150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,371
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,125
TRUSTEES OF TUFTS COLLEGE ADVANCEMENT GIFT INFORMA 200 BOSTON AVENUE SUITE 1750 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 101 STATION LANDING SUITE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 101 STATION LANDING SUITE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
BOYS & GIRLS CLUBS OF MEDFORD AND S 11 SALEM STREET SUITE 15 MEDFORD, MA 02155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 101 STATION LANDING SUITE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 101 STATION LANDING SUITE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MEDFORD AND S 11 SALEM STREET SUITE 15 MEDFORD, MA 02155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF MEDFORD AND S 11 SALEM STREET SUITE 15 MEDFORD, MA 02155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MEDFORD YOUTH SOCCER INC 43 RIVERSIDE AVE 72 MEDFORD, MA 02155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDFORD LITTLE LEAGUE INC 9 MAIN STREET MEDFORD, MA 02155	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
GOOD SPORTS INC 1515 HANCOCK STREET SUITE 204 QUINCY, MA 02169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	226
FRIENDS OF MIDDLESEX FELLS RESERVAT 235 WEST FOSTER ST C/0 THE BEEBE ESTATE MELROSE, MA 02176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEHAM THEATRE CORPORATION 395 MAIN STREET STONEHAM, MA 02180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COPS FOR KIDS WITH CANCER INC 14 MICHELE LANE BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MCCOURT FOUNDATION INC 100 GRANDVIEW RD SUITE 212 BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW L GREER CHILDRENS FOUNDATIO 6 ELIAS LANE MILTON, MA 02186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,650
MATTHEW L GREER CHILDRENS FOUNDATIO 6 ELIAS LANE MILTON, MA 02186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF MILTON COUNCIL ON AGING 10 WALNUT STREET MILTON, MA 02186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,918
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
THIRD SECTOR NEW ENGLAND INC 101 HUNTINGTON AVENUE SUITE 1300 MS 0116 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS ROY FOUNDATION INC 101 HUNTINGTON AVENUE SUITE 520 BOSTON, MA 02199	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	925
TRAVIS ROY FOUNDATION INC 101 HUNTINGTON AVENUE SUITE 520 BOSTON, MA 02199	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	225
MINDS MATTER OF BOSTON INC PO BOX 51066 BOSTON, MA 02205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPECT MIRACLES FOUNDATION PO BOX 51267 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
MINDS MATTER OF BOSTON INC PO BOX 51066 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EXPECT MIRACLES FOUNDATION PO BOX 51267 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP INC 155 SEAPORT BOULEVARD 13TH FLOOR BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERSHIP INC 155 SEAPORT BOULEVARD 13TH FLOOR BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BPE27-43 WORMWOOD ST SUITE 110 BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700-WEST ENTRANCE BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE 5TH FLOOR SUITE 100 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	670
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700-WEST ENTRANCE BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700-WEST ENTRANCE BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE 5TH FLOOR SUITE 100 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE 5TH FLOOR SUITE 100 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	679
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,525
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,055
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,465
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE OV BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,005
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOWARD UNIVERSITYPO BOX 417853 BOSTON, MA 02241	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD UNIVERSITYPO BOX 417853 BOSTON, MA 02241	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LUNG CANCER ALLIANCE PO BOX 418372 BOSTON, MA 02241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 1324 BELMONT ST 204 BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1324 BELMONT ST 204 BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
AMERICAN CANCER SOCIETY INC 1324 BELMONT ST 204 BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
AMERICAN CANCER SOCIETY INC 1324 BELMONT ST 204 BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,580
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PEARL STREET UNITED METHODIST CHURC 415 PEARL ST BROCKTON, MA 02301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
MARY E BAKER SCHOOL 45 QUINCY STREET BROCKTON, MA 02302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COALITION AGAINST PEDIATRIC PAIN 260 NORTH STREET DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
COALITION AGAINST PEDIATRIC PAIN 260 NORTH STREET DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCHOOL ON WHEELS OF MASSACHUSETTS I 100 LAUREL STREET SUITE 121 EAST BRIDGEWATER, MA 02333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STONEHILL COLLEGE INC 320 WASHINGTON ST NORTH EASTON, MA 02357	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLANDS TRUST INC 675 LONG POND ROAD PLYMOUTH, MA 02360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST BERNADETTES PARISH 1031 N MAIN ST RANDOLPH, MA 02368	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
SOUTH SHORE HOSPITAL INC 30 RESERVOIR PARK DR ROCKLAND, MA 02370	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD COLONY HOSPICE INC 321 MANLEY STREET WEST BRIDGEWATER, MA 02379	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	847
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,308
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	212
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARY MEMORIAL LIBRARY FOUNDATION IN 1874 MASSACHUSETTS AVENUE LEXINGTON, MA 02420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEXINGTON CHRISTIAN ACADEMY 48 BARTLETT AVE LEXINGTON, MA 02420	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WAYPOINT ADVENTURE 453 CONCORD AVENUE LEXINGTON, MA 02421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYPOINT ADVENTURE 453 CONCORD AVENUE LEXINGTON, MA 02421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FACING HISTORY AND OURSELVES INC 16 HURD ROAD BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE PARK SCHOOL171 GODDARD AVE BROOKLINE, MA 02445	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE TEEN CENTER INC 40 ASPINWALLL AVE BROOKLINE, MA 02446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BROOKLINE EDUCATION FOUNDATION PO BOX 470652 BROOKLINE, MA 02447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BROOKLINE EDUCATION FOUNDATION PO BOX 470652 BROOKLINE, MA 02447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE EDUCATION FOUNDATION PO BOX 470652 BROOKLINE, MA 02447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FAMILY AND CHILDRENS SERVICE 1430 MAIN STREET WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,545
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,413
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM, MA 02451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIDE HORIZONS FOR CHILDREN INC 375 TOTTEN POND ROAD SUITE 400 WALTHAM, MA 02451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WIDE HORIZONS FOR CHILDREN INC 375 TOTTEN POND ROAD SUITE 400 WALTHAM, MA 02451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,781
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MORE THAN WORDS INC 56 FELTON STREET WALTHAM, MA 02453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORE THAN WORDS INC 56 FELTON STREET WALTHAM, MA 02453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PARENTS FAMILIES AND FRIENDS OF LES 85 RIVER STREET WALTHAM, MA 02453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMONWEALTH SHAKESPEARE COMPANY IN 231 FOREST STREET SORENSON CENTER BABSON PARK, MA 02457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
AMERICAN LEBANESE SYRIAN ASSOC CHAR 313 WASHINGTON ST SUITE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 313 WASHINGTON ST SUITE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ARTHRITIS FOUNDATION INC 29 CRAFTS STREET SUITE 450 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL CENTER FOR THE BLIND INC 770 CENTRE STREET NEWTON, MA 02458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ARAVA INSTITUTE LTD 1320 CENTRE STREET STE 206 NEWTON CENTRE, MA 02459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE ARAVA INSTITUTE LTD 1320 CENTRE STREET STE 206 NEWTON CENTRE, MA 02459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
PARTNERS HEALTHCARE SYSTEM INC 2014 WASHINGTON STREET NEWTON, MA 02462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FESSENDEN SCHOOL250 WALTHAM ST WEST NEWTON, MA 02465	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,776
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	95
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIMMER & MAY SCHOOL 69 MIDDLESEX ROAD CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BRIGHTER BOSTON115 ELIOT STREET CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOROTHY AND CHARLES MOSESIAN CENTER 321 ARSENAL STREET STE 1 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARMENIAN LIBRARY AND MUSEUM OF AMER 65 MAIN STREET WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PATHFINDER INTERNATIONAL 9 GALEN STREET STE 217 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT SCHOOL 9 WESTMINSTER AVENUE ARLINGTON, MA 02474	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SHARING A NEW SONG INC 10 COURT ST 32 ARLINGTON, MA 02476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
SHARING A NEW SONG INC 10 COURT ST 32 ARLINGTON, MA 02476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT HILL SCHOOL INC 350 PROSPECT ST BELMONT, MA 02478	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL60 WALNUT ST WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL60 WALNUT ST WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
OPHELIA J BERRY FUND INC 397 LINDEN STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL60 WALNUT ST WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	986
JDRF INTERNATIONAL60 WALNUT ST WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL60 WALNUT ST WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
WELLESLEY HIGH SCHOOL PARENT TEACHE 50 RICE STREET WELLESLEY HILLS, MA 02481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	219
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHARLES RIVER ASSOCIATION FOR RETAR 59 EAST MILITIA HEIGHTS DR NEEDHAM, MA 02492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2863 GREAT PLAIN AVE NEEDHAM, MA 02492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BROADMEADOW ELEMENTARY SCHOOL PTC 120 BROADMEADOW ROAD NEEDHAM, MA 02492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
REEL RECOVERY INC 160 BROOKSIDE RD NEEDHAM, MA 02492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SEBASTIANS SCHOOL 1191 GREENDALE AVE NEEDHAM, MA 02492	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,150
THE ELLIE FUND 200 RESERVOIR ST STE 300 NEEDHAM, MA 02494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HILLSIDE ELEMENTARY 28 GLEN GARY RD NEEDHAM, MA 02494	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A L S FAMILY CHARITABLE FOUNDATION 1 TROWBRIDGE ROAD SUITE 322 BOURNE, MA 02532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOSNOLD INC200 TER HEUN DR FALMOUTH, MA 02540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BEST BUDDIES INTERNATIONAL INC 874 GIFFORD ST FALMOUTH, MA 02540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 874 GIFFORD ST FALMOUTH, MA 02540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 874 GIFFORD ST FALMOUTH, MA 02540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
WOODS HOLE OCEANOGRAPHIC INSTITUTIO 266 WOODS HOLE ROAD MS 40 WOODS HOLE, MA 02543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WOODS HOLE OCEANOGRAPHIC INSTITUTIO 266 WOODS HOLE ROAD MS 40 WOODS HOLE, MA 02543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET ATHENEUMPO BOX 808 NANTUCKET, MA 02554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NANTUCKET ATHENEUMPO BOX 808 NANTUCKET, MA 02554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NANTUCKET HISTORICAL ASSOCIATION PO BOX 1016 NANTUCKET, MA 02554	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET HISTORICAL ASSOCIATION PO BOX 1016 NANTUCKET, MA 02554	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION SO PO BOX 466 WAREHAM, MA 02571	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NANTUCKET INTERFAITH COUNCIL PO BOX 2597 NANTUCKET, MA 02584	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET INTERFAITH COUNCIL PO BOX 2597 NANTUCKET, MA 02584	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 286 SOUTH ST HYANNIS, MA 02601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAPE ARTS & ENTERTAINMENT INC 1060 FALMOUTH RD STE A HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
LATHAM CENTERS INC 1646 ROUTE 6A PO BOX 1879 BREWSTER, MA 02631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MASSACHUSETTS SOCIETY FOR THE PREVE 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM CONSERVATION FOUNDATION INC 540 MAIN STREET CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHATHAM HISTORICAL SOCIETY INC PO BOX 709 CHATHAM, MA 02633	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DENNIS CONSERVATION TRUST PO BOX 67 EAST DENNIS, MA 02641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER CAPE OUTREACH COUNCIL INC 19 BREWSTER CROSS ROAD ORLEANS, MA 02653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LOWER CAPE OUTREACH COUNCIL INC PO BOX 2013 ORLEANS, MA 02653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOWER CAPE OUTREACH COUNCIL INC 19 BREWSTER CROSS ROAD ORLEANS, MA 02653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD CHALLENGER CLUB INC 418 BUMPS RIVER RD OSTERVILLE, MA 02655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YARMOUTH POLICE FOUNDATION INC 156 OLD MAIN STREET SOUTH YARMOUTH, MA 02664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CAPE COD FOUNDATION INC 261 WHITES PATH UNIT 2 SOUTH YARMOUTH, MA 02664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNSTABLE LAND TRUST INC 1540 MAIN STREET WEST BARNSTABLE, MA 02668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	928
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
HABITAT FOR HUMANITY INTERNATIONAL 411 MAIN STREET SUITE 6 YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	960
THE SALVATION ARMY 5 MECHANIC STREET ATTLEBORO, MA 02703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
STEPPINGSTONE INC 522 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
KATIE BROWN EDUCATIONAL PROGRAM INC 209 BEDFORD STREET SUITE 302 FALL RIVER, MA 02720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE THEATRE OF FALL RIVER INC PO BOX 1282 FALL RIVER, MA 02722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LITTLE THEATRE OF FALL RIVER INC PO BOX 1282 FALL RIVER, MA 02722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES APPEAL PO BOX 1470 FALL RIVER, MA 02722	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS CHEW MEMORIAL BOYS CLUB INC PO BOX 5155 FALL RIVER, MA 02723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MEETING STREET MASSACHUSETTS INC ONE POSA PLACE DARTMOUTH, MA 02747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE ANDRUZZI FOUNDATION INC 49 PLAIN STREET SUITE 500 NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
HOCKOMOCK YOUNG MENS CHRISTIAN ASSO 300 ELMWOOD ST N ATTLEBORO, MA 02760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,018
HOCKOMOCK YOUNG MENS CHRISTIAN ASSO 300 ELMWOOD STREET NORTH ATTLEBORO, MA 02760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY-SACRED HEART SCHOOL 57 RICHARDS AVE NORTH ATTLEBORO, MA 02760	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WHEATON COLLEGE26 E MAIN STREET NORTON, MA 02766	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WHEATON COLLEGE26 E MAIN STREET NORTON, MA 02766	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	507
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	176
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	303
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
FRIENDS OF THE TAUNTON ANIMAL CARE 821 W WATER STREET TAUNTON, MA 02780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,440
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,183
WESTPORT RIVER WATERSHED ALLIANCE I PO BOX 3427 WESTPORT, MA 02790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIFECYCLE INC21 WESTERN AVE BARRINGTON, RI 02806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PROVIDENCE YOUNG MENS CHRIS 70 WEST STREET BARRINGTON, RI 02806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY RD BRISTOL, RI 02809	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,000
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY RD BRISTOL, RI 02809	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CVMA OF RI 9-2PO BOX 606 COVENTRY, RI 02816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CVMA OF RI 9-2PO BOX 606 COVENTRY, RI 02816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EAST GREENWICH FREE LIBRARY ASSOCIA 82 PEIRCE STREET EAST GREENWICH, RI 02818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EGBA INC160 RIVER FARM DRIVE EAST GREENWICH, RI 02818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EAST GREENWICH PARENT TEACHER GROUP 2 CHESTNUT DRIVE EAST GREENWICH, RI 02818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BURRILLVILLE YOUTH FOOTBALL AND CHE PO BOX 309 HARRISVILLE, RI 02830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICKS CHURCH BURRILLVILLE 45 HARRISVILLE MAIN STREET HARRISVILLE, RI 02830	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
READ TO SUCCEED INC 6 WATER VALLEY ROAD HOPE, RI 02831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOSTER PARROTS LTDPO BOX 34 HOPE VALLEY, RI 02832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER PARROTS LTDPO BOX 34 HOPE VALLEY, RI 02832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	45
IYRS SCHOOL OF TECHNOLOGY & TRADES 449 THAMES STREET NEWPORT, RI 02840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
PAWS WATCHPO BOX 3711 NEWPORT, RI 02840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAIL TO PREVAIL INCPO BOX 1264 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAWS WATCHPO BOX 3711 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT POTTER LEAGUE FOR ANIMALS IN PO BOX 412 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PAWS WATCHPO BOX 3711 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
PAWS WATCHPO BOX 3711 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUBS & GIRLS CLUBS OF NEWPORT 75 CHURCH STREET NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS CLUBS & GIRLS CLUBS OF NEWPORT 75 CHURCH STREET NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
IYRS SCHOOL OF TECHNOLOGY & TRADES 449 THAMES STREET NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT POTTER LEAGUE FOR ANIMALS IN PO BOX 412 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT POTTER LEAGUE FOR ANIMALS IN PO BOX 412 NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILD AND FAMILY SERVICES OF NEWPOR 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CHILD AND FAMILY SERVICES OF NEWPOR 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCYS HEARTH 19 VALLEY ROAD MIDDLETOWN RI 02842 MIDDLETOWN, RI 02842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RHODE ISLAND COALITION FOR THE HOME 1070 MAIN STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSING NETWORK RHODE ISLAND ASSOC 1070 MAIN STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWTUCKET CENTRAL FALLS DEVELOPMENT 204 BROAD STREET PAWTUCKET, RI 02860	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
AMATEUR ATHLETIC UNION OF THE UNITE 4 PINE GROVE ST PAWTUCKET, RI 02861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMATEUR ATHLETIC UNION OF THE UNITE 4 PINE GROVE ST PAWTUCKET, RI 02861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FALLS 949 DEXTER ST LOWER LEVEL CENTRAL FALLS, RI 02863	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
READING OWLS INTERNATIONAL 174 BURNT SWAMP RD CUMBERLAND, RI 02864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY COLLEGE OF RHODE ISLAND F 1762 LOUISQUISSET PIKE LINCOLN, RI 02865	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 86 GRAND VIEW AVE LINCOLN, RI 02865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LINCOLN MIDDLE SCHOOL 152 JENCKES HILL ROAD LINCOLN, RI 02865	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
MODERN HAIKUPO BOX 930 PORTSMOUTH, RI 02871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1555 SHANNOCK RD SHANNOCK, RI 02875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 1555 SHANNOCK RD SHANNOCK, RI 02875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 68 SHANNOCK, RI 02875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1555 SHANNOCK RD SHANNOCK, RI 02875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTH COUNTY HOSPITAL HEALTHCARE 100 KENYON AVENUE WAKEFIELD, RI 02879	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
SOUTH KINGSTOWN LAND TRUST 227 ROBINSON STREET WAKEFIELD, RI 02879	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE ONE SOUL ANIMAL RESCUE LEAGUE PO BOX 498 WAKEFIELD, RI 02880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALUMNI ASSOCIATION OF THE UNIVERSIT PO BOX 1700 KINGSTON, RI 02881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALUMNI ASSOCIATION OF THE UNIVERSIT PO BOX 1700 KINGSTON, RI 02881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BOULEVARD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BOULEVARD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,475
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MUSCULAR DYSTROPHY ASSOCIATION 931 JEFFERSON BOULEVARD SUITE 1005 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BOULEVARD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
MUSCULAR DYSTROPHY ASSOCIATION 931 JEFFERSON BOULEVARD SUITE 1005 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BOULEVARD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,152
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	825
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	99
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF HOPE COMMUNITY DEVELOPMENT PO BOX 6130 WARWICK, RI 02887	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOUSE OF HOPE COMMUNITY DEVELOPMENT PO BOX 6130 WARWICK, RI 02887	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
HOUSE OF HOPE COMMUNITY DEVELOPMENT PO BOX 6130 WARWICK, RI 02887	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	366
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	276
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	591
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SWEET PEAS45 BOYLSTON ST WARWICK, RI 02889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SWEET PEAS45 BOYLSTON ST WARWICK, RI 02889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
WEST KINGSTON SCHOOL 3119 MINISTERIAL ROAD WEST KINGSTON, RI 02892	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS CHURCH 1200 MENDON ROAD WOONSOCKET, RI 02895	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RIVERZEDGE ARTS PROJECT 192 2ND AVENUE WOONSOCKET, RI 02895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRADLEY HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 40 FOUNTAIN ST 7TH FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
YEAR UP INC 40 FOUNTAIN ST 7TH FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
YEAR UP INC 40 FOUNTAIN ST 7TH FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 260 WEST EXCHANGE ST STE 102B PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
AMERICAN LUNG ASSOCIATION 260 WEST EXCHANGE ST STE 102B PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
GREATER PROVIDENCE YOUNG MENS CHRIS 371 PINE ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 146 CLIFFORD STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE TOMORROW FUND593 EDDY ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKILLS FOR RHODE ISLANDS FUTURE 30 EXCHANGE TERRACE 1ST FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SKILLS FOR RHODE ISLANDS FUTURE 30 EXCHANGE TERRACE 1ST FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 275 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COLLEGE VISIONS 131 WASHINGTON STREET SUITE 205 PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKILLS FOR RHODE ISLANDS FUTURE 30 EXCHANGE TERRACE 1ST FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TEACH FOR AMERICA INC 67 CEDAR STREET SUITE 101 PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN LUNG ASSOCIATION 260 WEST EXCHANGE ST STE 102B PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE AFTER SCHOOL ALLIANCEINC 81 CARPENTER STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GREATER PROVIDENCE YOUNG MENS CHRIS 371 PINE ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FIRSTWORKS 275 WESTMINSTER STREET SUITE 501 PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PROVIDENCE YOUNG MENS CHRIS 371 PINE ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRING MINDS 763 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
THE INTERFAITH COMMUNITY DIRE EMERG ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INSPIRING MINDS 763 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC SOCIAL SERVICES OF RI ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRING MINDS 763 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVENUE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,550
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVENUE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 34 COMMERCIAL ST CRANSTON, RI 02905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
UNITED STATES CONFERENCE OF CATHOLI 1789 BROAD STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVE PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN & INFANTS DEVELOPMENT FOUNDAT 101 DUDLEY STREET PROVIDENCE, RI 02905	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH OUT AND READ RHODE ISLAND ONE RICHMOND SQUARE SUITE 121K PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 386 BROAD STREET PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCAULEY CORPORATION 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY 386 BROAD STREET PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
UNITED STATES CONFERENCE OF CATHOLI 622 ELMWOOD AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCAULEY CORPORATION 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
WATERFIRE PROVIDENCE 475 VALLEY STREET PROVIDENCE, RI 02908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND STATE RIGHT TO LIFE ED PO BOX 28285 PROVIDENCE, RI 02908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE GRODEN CENTER INC 610 MANTON AVENUE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PROBLEM PREGNANCY OF PROVIDENCE INC 400 ATWELLS AVE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROBLEM PREGNANCY OF PROVIDENCE INC 400 ATWELLS AVE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE BABE RUTH LEAGUE INC 1547 CHALKSTONE AVE PROVIDENCE, RI 02909	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 164 ANGELL STREET BOX 1877 PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,580
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 164 ANGELL STREET BOX 1877 PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
BROWN UNIVERSITY OF PROVIDENCE 164 ANGELL STREET BOX 1877 PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER FORWARD55 S BROW ST EAST PROVIDENCE, RI 02914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
RI COMPANION ANIMAL ALLIANCE 40 AMARAL STREET EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ST MARY ACADEMY - BAY VIEW 3070 PAWTUCKET AVENUE RIVERSIDE, RI 02915	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY ACADEMY - BAY VIEW 3070 PAWTUCKET AVENUE RIVERSIDE, RI 02915	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	925
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	652
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,815
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,115
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HGH SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
PROVIDENCE COLLEGE 549 RIVER AVE HARKINS HALL - ROOM 109 PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION STAND DOWN RHODE ISLAND 1010 HARTFORD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE OF LIFE INTERNATIONAL 125 SOCKANNOSETT CROSS RD SUITE B CRANSTON, RI 02920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED FLY TYERS OF RHODE ISLAND IN PO BOX 8986 CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
FRIENDS OF RHODE ISLAND CASA INC PO BOX 20059 CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FLY TYERS OF RHODE ISLAND IN PO BOX 8986 CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
HOPE HIGHLANDS SCHOOL PTO 300 HOPE RD CRANSTON, RI 02921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
THE UPPER ROOM A FAMILY RESOURCE CE 36 TSIENNETO ROAD DERRY, NH 03038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME HEALTH & HOSPICE CARE 7 EXECUTIVE PARK DRIVE MERRIMACK, NH 03054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOME HEALTH & HOSPICE CARE 7 EXECUTIVE PARK DRIVE MERRIMACK, NH 03054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOUTHERN NEW HAMPSHIRE MEDICAL CENT 21 EAST HOLLIS STREET NASHUA, NH 03060	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,267
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN NEW HAMPSHIRE MEDICAL CENT 21 EAST HOLLIS STREET NASHUA, NH 03060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,700
NASHUA CENTER FOR THE MULTIPLY HAND 18 SIMON STREET NASHUA, NH 03060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARGUERITES PLACE INC 87 PALM STREET NASHUA, NH 03060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOMES INC 77 NORTHEASTERN BLVD NASHUA, NH 03062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HARBOR HOMES INC 77 NORTHEASTERN BLVD NASHUA, NH 03062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 114 PERIMETER RD UNIT GH NASHUA, NH 03063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 114 PERIMETER RD UNIT GH NASHUA, NH 03063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
NASHUA CHILDRENS HOME 125 AMHERST ST NASHUA, NH 03064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NASHUA CHILDRENS HOME 125 AMHERST ST NASHUA, NH 03064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC PO BOX 791 PELHAM, NH 03076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GRANITE STATE BAPTIST CHURCH 1 SAND HILL RD SALEM, NH 03079	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
THE SALVATION ARMY 121 CEDAR STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS NEW HAMPSHIRE INC 650 ELM STREET 2ND FLOOR MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC848 ELM ST SUITE 201 MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GIRLS INCORPORATED OF NEW HAMPSHIRE 63 MARKET STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
JEWISH FEDERATION OF GREATER MANCHE 66 HANOVER ST SUITE 300 MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	117
SPECIAL OLYMPICS NEW HAMPSHIRE INC 650 ELM STREET 2ND FLOOR MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW HAMPSHIRE INC 650 ELM STREET 2ND FLOOR MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHILOH COMMUNITY CHURCH INC 55 EDMOND ST MANCHESTER, NH 03102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISMAS HOME OF NEW HAMPSHIRE INC 102 FOURTH STREET MANCHESTER, NH 03102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEW HORIZONS FOR NEW HAMPSHIRE INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
NEW HAMPSHIRE CATHOLIC CHARITIES IN 215 MYRTLE ST MANCHESTER, NH 03104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE CATHOLIC CHARITIES IN 215 MYRTLE ST MANCHESTER, NH 03104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW HAMPSHIRE CATHOLIC CHARITIES IN 215 MYRTLE ST MANCHESTER, NH 03104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET PO BOX 448 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET PO BOX 448 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER NEIGHBORHOOD HOUSING SER PO BOX 3968 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
AMERICAN CANCER SOCIETY INC 2 COMMERCE DRIVE SUITE 110 BEDFORD, NH 03110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2 COMMERCE DRIVE SUITE 110 BEDFORD, NH 03110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MAYHEWPO BOX 120 BRISTOL, NH 03222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NEW ENGLAND COLLEGE 98 BRIDGE STREET HENNIKER, NH 03242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND COLLEGE 98 BRIDGE STREET HENNIKER, NH 03242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
HILLSBOROUGH AREA COMMUNITY SERVICE PO BOX 43 HILLSBOROUGH, NH 03244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SQUAM LAKES CONSERVATION SOCIETY PO BOX 696 HOLDERNESS, NH 03245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SQUAM LAKES CONSERVATION SOCIETY PO BOX 696 HOLDERNESS, NH 03245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY SYSTEM OF NEW HAMPSHIRE UNIVERSITY ADVANCEMENT MSC 50 17 HIGH STREET PLYMOUTH, NH 03264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW HAMPSHIRE MUSIC FESTIVAL INC 85 MAIN STREET PLYMOUTH, NH 03264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONCORD COMMUNITY MUSIC SCHOOL 23 WALL STREET CONCORD, NH 03301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
NEW HAMPSHIRE BUSINESS COMMITTEE FO ONE GRANITE PLACE CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NEW HAMPSHIRE PEACE ACTION EDUCATIO 4 PARK STREET SUITE 304 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE HUMANITIES COUNCIL IN 117 PLEASANT STREET CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
NEW AMERICAN AFRICANS 4 PARK ST SUITE 304 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CAPITOL CENTER FOR THE ARTS 44 SOUTH MAIN STREET CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
NAMI NEW HAMPSHIRE 85 NORTH STATE STREET CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE PUBLIC RADIO INC 2 PILLSBURY ST 6 CONCORD, NH 03301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,978
CONCORD REGIONAL VISITING NURSE ASS 30 PILLSBURY STREET CONCORD, NH 03301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEW HAMPSHIRE VETERANS CEMETERY ASS PO BOX 626 CONCORD, NH 03302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONADNOCK FAMILY SERVICES 64 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KEENE HOUSING KIDS COLLABORATIVE 5 HARMONY LANE KEENE, NH 03431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHESHIRE HOUSING TRUST INC 168 CASTLE STREET KEENE, NH 03431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL THEATRE GROUP INC 95 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
STUDENT CONSERVATION ASSOCIATION IN 689 RIVER ROAD CHARLESTOWN, NH 03603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRASSROOT SOCCER INC 15 LEBANON ST HANOVER, NH 03755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASSROOT SOCCER INC 15 LEBANON ST HANOVER, NH 03755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,267
DAVIDS HOUSE INC 461 MOUNT SUPPORT ROAD LEBANON, NH 03766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GREATER SEACOAST COMMUNITY HEALTH 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH, NH 03801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING PARTNERSHIPPO BOX 466 PORTSMOUTH, NH 03802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
STRAWBERY BANKE MUSEUM PO BOX 300 PORTSMOUTH, NH 03802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
WILLIAM LAWRENCE CAMP INC PO BOX 52 CENTER TUFTONBORO, NH 03816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM LAWRENCE CAMP INC PO BOX 52 CENTER TUFTONBORO, NH 03816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVE DOVER, NH 03820	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
COCHECO VALLEY HUMANE SOCIETY INC 262 COUNTY FARM ROAD DOVER, NH 03820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW HAMPSHIRE FOUNDAT 9 EDGEWOOD ROAD ELLIOTT ALUMNI CENTER DURHAM, NH 03824	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
GIRLS ON THE RUN NEW HAMPSHIRE 137-1 WATER STREET EXETER, NH 03833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HPF-RESCUE-REHAB-REHOME 250 SOUTH RD BRENTWOOD, NH 03833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST LAND TRUST OF NEW HAMPSHI PO BOX 675 EXETER, NH 03833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDVOICE INTERNATIONAL 202 KENT PL NEWMARKET, NH 03857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MONARCH SCHOOL OF NEW ENGLAND PO BOX 1921 ROCHESTER, NH 03866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF NEW HAM 3 PORTSMOUTH AVENUE 2 STRATHAM, NH 03885	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,000
BIG BROTHERS BIG SISTERS OF NEW HAM 3 PORTSMOUTH AVENUE 2 STRATHAM, NH 03885	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INNOVATION NETWORK FOR COMMUNITIES 156 GROVER LANE TAMWORTH, NH 03886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETTS ROOST22 AUTUMN RIVER LN OGUNQUIT, ME 03907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RETTS ROOST22 AUTUMN RIVER LN OGUNQUIT, ME 03907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OLD YORK HISTORICAL SOCIETY PO BOX 312 207 YORK STREET YORK, ME 03909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,800
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,400
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF BATH BR 85 MAINE ST BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS OF BATH BR 85 MAINE ST BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
COASTAL ENTERPRISES INC 30 FEDERAL ST SUITE 100 BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID COAST HUNGER PREVENTION PROGRAM 12 TENNEY WAY BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MIDCOAST SYMPHONY ORCHESTRA PO BOX 86 BRUNSWICK, ME 04011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HOMELESS ANIMAL RESCUE TEAM OF MAIN PO BOX 351 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HOMELESS ANIMAL RESCUE TEAM OF MAIN PO BOX 351 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFECHURCH8 ELKINS ROAD GORHAM, ME 04038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITARIAN UNIVERSALIST ASSOCIATION 60 SCHOOL STREET SACO, ME 04072	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SWEETSER50 MOODY STREET SACO, ME 04072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SANFORD ALUMNI ASSOCIATION PO BOX 1424 SANFORD, ME 04073	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SOUTHERN MAINE 180 US ROUTE ONE SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND SUITE 201 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND SUITE 201 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 04098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 297 CUMBERLAND AVE PORTLAND, ME 04101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PORTLAND MUSEUM OF ART SEVEN CONGRESS SQUARE PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,352
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
OPERA MAINE156 HIGH ST PORTLAND ME, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GOODWILL INDUSTRIES OF NORTHERN NEW 75 WASHINGTON AVENUE SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
PORTLAND EDUCATION FOUNDATION INC 353 CUMBERLAND AVENUE PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37,000
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WAYNFLETE SCHOOL 360 SPRING STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MAINE MEDICAL CENTER 233 VAUGHAN STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2401 CONGRESS STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 04103	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF NEW ENGLAND 716 STEVENS AVE PORTLAND, ME 04103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE ISLAND TRAIL ASSOCIATION 100 KENSINGTON STREET 2ND FL PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
THE FAMILY RESTORED 17 BISHOP STREET SUITE 202 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY OF GREATER POR 659 WARREN AVE PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY RESTORED 17 BISHOP STREET SUITE 202 PORTLAND, ME 04103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SOUTHER 195 LANCASTER ST PORTLAND, ME 04104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPERITYMEPO BOX 8013 PORTLAND, ME 04104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
NATIONAL MULTIPLE SCLEROSIS SOCIETY 74 GRAY ROAD FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,407
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR MAINE COMMUNITY 54 LIGHTHOUSE CIRCLE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
THE OPPORTUNITY ALLIANCE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FULL PLATES FULL POTENTIAL 15 COTTAGE ROAD SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEREGRINE CORP10 ATLANTIC PLACE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE KOTZSCHMAR ORGAN INC PO BOX 7455 PORTLAND, ME 04112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE KOTZSCHMAR ORGAN INC PO BOX 7455 PORTLAND, ME 04112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTHERN MAIN 277 CUMBERLAND AVE PORTLAND, ME 04112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
GOOD SHEPERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
GOOD SHEPERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GOOD SHEPERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,282
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL MAINE MEDICAL CENTER 300 MAIN ST LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
PRINCE OF PEACE LUTHERAN CHURCH OF 209 EASTERN AVE AUGUSTA, ME 04330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MAINE VETERANS HOME 460 CIVIC CENTER DRIVE AUGUSTA, ME 04330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR A STRONG MAINE ECONO 125 COMMUNITY DRIVE SUITE 101 AUGUSTA, ME 04330	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MAINE BRAIN ANEURYSM AWARENESS COMM 799 WINGS MILL RD MOUNT VERNON, ME 04352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	655
UNITED STATES PONY CLUBS INC 1040 ESSEX STREET BANGOR, ME 04401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MAINE PUBLIC BROADCASTING CORPORATI 63 TEXAS AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	264
EASTERN MAINE HEALTHCARE SYSTEMS 1 CUMBERLAND PLACE SUITE 300 BANGOR, ME 04401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 1101 BANGOR, ME 04402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMYPO BOX 1101 BANGOR, ME 04402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
EASTERN MAINE HEALTHCARE SYSTEMS PO BOX 931 BANGOR, ME 04402	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 42 SURREY LN HAMPDEN, ME 04444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PINE TREE SOCIETY FOR HANDICAPPED C 149 FRONT STREET BATH, ME 04530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WEST BATH SCHOOL 126 NEW MEADOWS ROAD WEST BATH, ME 04530	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ACADIA 43 COTTAGE STREET BAR BARBOR, ME 04609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
FRIENDS OF ACADIA 43 COTTAGE STREET BAR BARBOR, ME 04609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	405
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	855
WALDO COUNTY GENERAL HOSPITAL PEN BAY WALDO HCF 22 WHITE STREET ROCKLAND, ME 04841	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPE MEMORIAL HUMANE SOCIETY OF KNO PO BOX 1294 ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILLIAM A FARNSWORTH LIBRARY AND AR 16 MUSEUM ST ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR MAINE CONTEMPORARY ART PO BOX 1767 ROCKPORT, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM A FARNSWORTH LIBRARY AND AR 16 MUSEUM ST ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,974
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,040
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,315
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM STREET STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONHEGAN ASSOCIATES INC PO BOX 97 MONHEGAN, ME 04852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
THE OWLS HEAD TRANSPORTATION MUSEUM PO BOX 277 OWLS HEAD, ME 04854	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENOBSCOT BAY YMCAPO BOX 840 ROCKPORT, ME 04856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAINE COAST SKATERS ASSOCIATION PO BOX 1166 ROCKPORT, ME 04856	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MAINE COAST SKATERS ASSOCIATION PO BOX 1166 ROCKPORT, ME 04856	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOSE LIBRARYPO BOX 550 UNION, ME 04862	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARENT PROGRAM OF MID-COAST MAINE I PO BOX 114 WARREN, ME 04864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,325
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
MIDCOAST ACTORS STUDIOPO BOX 19 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR TOWN BELFASTPO BOX 103 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
WOODSTOCK YOUTH HOCKEY INC PO BOX 176 SOUTH POMFRET, VT 05067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON ACADEMY 151 MOUNTAIN SCHOOL ROAD VERSHIRE, VT 05079	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
VERMONT ACADEMYPO BOX 500 SAXTONS RIVER, VT 05154	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
VERMONT ACADEMYPO BOX 500 SAXTONS RIVER, VT 05154	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRATTON MOUNTAIN SCHOOL & SKI FOUN WORLD CUP CIR STRATTON MOUNTAIN, VT 05155	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
STRATTON MOUNTAIN & VALLEY COMMUNIT PO BOX 523 STRATTON MOUNTAIN, VT 05155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SPRINGFIELD TELESCOPE MAKERS INC PO BOX 610 SPRINGFIELD, VT 05156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VERMONT AND STATE AGR 411 MAIN STREET BURLINGTON, VT 05401	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,625
RESPITE SAILING FOR CANCER INC 174 BATTERY STREET BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,645
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,165
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
RICE MEMORIAL HIGH SCHOOL 99 PROCTOR AVENUE SOUTH BURLINGTON, VT 05403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MICHAELS COLLEGE SMC BOX 256 ONE WINOOSKI PARK COLCHESTER, VT 05439	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR STE 110 COLCHESTER, VT 05446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	563
PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR STE 110 COLCHESTER, VT 05446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERHILL JERICHO FIRE DEPARTMENT PO BOX 150 UNDERHILL, VT 05489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREEN MOUNTAIN HABITAT FOR HUMANITY 300 CORNERSTONE DR STE 335 WILLISTON, VT 05495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
LAMOILLE AREA CANCER NETWORK INC 198 FARR AVENUE MORRISVILLE, VT 05661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,188
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,350
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,350
AVON OLD FARMS SCHOOL INC 500 OLD FARMS ROAD AVON, CT 06001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFTS OF LOVE INC 34 EAST MAIN STREET AVON, CT 06001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FIDELCO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT 4 H DEVELOPMENT FUND IN 158 AUERFARM RD BLOOMFIELD, CT 06002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	793
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CATHOLIC CONFERENCE 1001 STAFFORD AVENUE BRISTOL, CT 06010	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MIRACLE LEAGUE OF CONNECTICUT INC 47 UPSON ST BRISTOL, CT 06010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
THE FRIENDS OF THE CANTON PUBLIC LI PO BOX 136 CANTON, CT 06019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FRIENDS OF THE CANTON PUBLIC LI PO BOX 136 CANTON, CT 06019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 8 COLEBROOK, CT 06021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 8 COLEBROOK, CT 06021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 8 COLEBROOK, CT 06021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SUSAN G KOMEN BREAST CANCER FOUNDAT 76 BATTERSON PARK RD FARMINGTON, CT 06032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 76 BATTERSON PARK RD FARMINGTON, CT 06032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 76 BATTERSON PARK RD FARMINGTON, CT 06032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 20 BATTERSON PARK ROAD 3RD FL FARMINGTON, CT 06032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION OF 97 SALMON BROOK STREET GRANBY, CT 06035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 73 HAYNES STREET MANCHESTER, CT 06040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	525
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF NEW BRITAIN IN 150 WASHINGTON ST NEW BRITAIN, CT 06051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CONGREGATIONAL CHURCH 90 MAIN ST NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONNECTICUT BREAST HEALTH INITIATIV 185 MAIN STREET NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	66
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
ARTHRITIS FOUNDATION INC 35 COLD SPRING ROAD 412 ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,710
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ROCKY HILL YOUTH FOOTBALL & CHEERLE PO BOX 662 ROCKY HILL, CT 06067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY HILL YOUTH FOOTBALL & CHEERLE PO BOX 662 ROCKY HILL, CT 06067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SALISBURY SCHOOL INC 251 CANAAN RD - DEVELOPMENT OFFICE SALISBURY, CT 06068	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,250
SALISBURY SCHOOL INC 251 CANAAN RD - DEVELOPMENT OFFICE SALISBURY, CT 06068	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK AGAINST DOMESTIC ABUSE INC 139 HAZARD AVENUE BUILDING 3 ENFIELD, CT 06082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 06095	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CONNECTICUT CHORAL ARTISTS INC 233 PEARL STREET HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHORAL ARTISTS INC 233 PEARL STREET HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SGT STEVEN J DELUZIO MEMORIAL FUND 185 ASYLUM ST C/O ML THE KEATING GROUP HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
CAPITAL WORKFORCE PARTNERS INC ONE UNION PLACE HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL WORKFORCE PARTNERS INC ONE UNION PLACE HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HEDCO INC15 LEWIS STREET HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD, CT 06103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THEATERWORKS INC233 PEARL STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATERWORKS INC233 PEARL STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
COVENANT PREPARATORY SCHOOL INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MALTA HOUSE OF CARE INC 19 WOODLAND STREET SUITE 21 HARTFORD, CT 06105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALTA HOUSE OF CARE INC 19 WOODLAND STREET SUITE 21 HARTFORD, CT 06105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
SAINT FRANCIS HOSPITAL AND MEDICAL 95 WOODLAND STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOAVES & FISHES MINISTRIES INC 646 PROSPECT AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE MARK TWAIN MEMORIAL 351 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES MINISTRIES INC 646 PROSPECT AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MALTA HOUSE OF CARE FOUNDATION INC 19 WOODLAND STREET STE 21 HARTFORD, CT 06105	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
MALTA HOUSE OF CARE FOUNDATION INC 19 WOODLAND STREET STE 21 HARTFORD, CT 06105	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIA REINA DE LA PAZ PARISH CORPOR 494 NEW BRITIAN AVENUE HARTFORD, CT 06106	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HARTFORD SYMPHONY ORCHESTRA INC 166 CAPITOL AVENUE HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT WOMENS EDUCATIONAL AND 75 CHARTER OAK AVENUE SUITE 1-300 HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HARTFORD KNIGHTS CORP 175 MAIN ST FLOOR 3 HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BILLINGS FORGE COMMUNITY WORKS INC 227 LAWRENCE STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUERTO RICAN FORUM INC 95 PARK STREET 2ND FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JOURNEY HOME INCORPORATED 255 MAIN STREET 2ND FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HARTFORD KNIGHTS CORP 175 MAIN ST FLOOR 3 HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY VOLUNTEERS OF GREATER HART 30 ARBOR STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HARTFORD FOUNDATION FOR PUBLIC GIVI 10 COLUMBUS BLVD 8TH FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD SYMPHONY ORCHESTRA INC 166 CAPITOL AVENUE HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,268
HARTFORD KNIGHTS CORP 175 MAIN ST FLOOR 3 HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT ASSOCIATION FOR HUMAN S 237 HAMILTON STREET SUITE 208 HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONARD HIGH SCHOOL PARENT-TEACHER O 110 BEECHWOOD ROAD WEST HARTFORD, CT 06107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
URBAN ALLIANCE INC 62 VILLAGE STREET EAST HARTFORD, CT 06108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONNECTICUT COALITION AGAINST DOMES 912 SILAS DEANE HIGHWAY LOWER LEVEL WETHERSFIELD, CT 06109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COALITION AGAINST DOMES 912 SILAS DEANE HIGHWAY LOWER LEVEL WETHERSFIELD, CT 06109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
CAMP COURANT INCORPORATED 285 BROAD STREET HARTFORD, CT 06115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENBROOK SCHOOL INCORPORATED 2865 ALBANY AVENUE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
CHI EPSILON 2785 LAWLER RD WEST HARTFORD, CT 06117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ST TIMOTHY MIDDLE SCHOOL 225 KING PHILIP DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	536
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CATHOLIC HIGH SCHOOL 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
NORTHWEST CATHOLIC HIGH SCHOOL 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
KINGSWOOD OXFORD SCHOOL INC 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGSWOOD OXFORD SCHOOL INC 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
KINGSWOOD OXFORD SCHOOL INC 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
WHITING LANE PARENT TEACHER ORGANIZ 46 WHITING LANE WEST HARTFORD, CT 06119	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS THE APOSTLE 25 DOVER ROAD WEST HARTFORD, CT 06119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	521
MY SISTERS PLACE INC 102 PLINY STREET HARTFORD, CT 06120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
MY SISTERS PLACE INC 102 PLINY STREET HARTFORD, CT 06120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT BRAIN TUMOR ALLIANCEINC PO BOX 370514 WEST HARTFORD, CT 06137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,377
HABITAT FOR HUMANITY INTERNATIONAL 780 WINDSOR ST PO BOX 1933 HARTFORD, CT 06144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAN OF CONNECTICUT INC CHARITABLE PO BOX 4280 HARTFORD, CT 06147	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COVENANT SOUP KITCHEN INC 220 VALLEY STREET WILLIMANTIC, CT 06226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
RILEY FARM RESCUE INC 109 PRESTON RD BROOKLYN, CT 06234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON ECUMENICAL EMPOWERMENT GRO PO BOX 664 N GROSVENORDALE, CT 06255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CT WOMEN OF HOPE INC 21 KNOLLWOODS LN PUTNAM, CT 06260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMS MEMORIAL INSTITUTE 182 MOHEGAN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
WILLIAMS MEMORIAL INSTITUTE 182 MOHEGAN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,541
MITCHELL COLLEGE437 PEQUOT AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 377 BROAD STREET NEW LONDON, CT 06320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NEW LONDON HOMELESS HOSPITALITYCENT 730 STATE PIER ROAD NEW LONDON, CT 06320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
HIGHER EDGE INC35 REDDEN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDE ARTS CENTER INC 325 STATE STREET NEW LONDON, CT 06320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATIONAL 377 BROAD STREET NEW LONDON, CT 06320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEW LONDON HOMELESS HOSPITALITYCENT 730 STATE PIER ROAD NEW LONDON, CT 06320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN CONNECTICUT HOUSING OPPORTU 165 STATE STREET SUITE 405 NEW LONDON, CT 06320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SAFE FUTURES INC16 JAY STREET NEW LONDON, CT 06320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE NEW LONDON COMMUNITY MEAL CENTE 12 MONTAUK AVENUE NEW LONDON, CT 06320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINTHROP STEM ELEMENTARY MAGNET SCH 74 GROVE ST NEW LONDON, CT 06320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SACRED HEART SCHOOL 50 SACRED HEART DRIVE GROTON, CT 06340	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NIANCTIC ROTARY FOUNDATION INC PO BOX 339 NIANTIC, CT 06357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ANNUAL CATHOLIC APPEAL 197 BROADWAY NORWICH, CT 06360	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE GRISWOLD MUSEUM INC 96 LYME STREET OLD LYME, CT 06371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
STONINGTON FREE LIBRARY ASSOCIATION 20 HIGH ST POBOX 232 STONINGTON, CT 06378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST MICHAEL SCHOOL 63 LIBERTY STREET PAWCATUCK, CT 06379	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BERNARD HIGH SCHOOL 1593 NORWICH-NEW LONDON TPKE UNCASVILLE, CT 06382	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 1463 HIGHLAND AVENUE CHESHIRE, CT 06410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS FUND FOR GLYCOGEN STORAGE 20 SHERWOOD LANE CHESHIRE, CT 06410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGION OF CHRIST COLLEGE INC 475 OAK AVENUE CHESHIRE, CT 06410	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
CLINTON SAILING CLUB INCPO BOX 22 CLINTON, CT 06413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
HUNTINGTONS DISEASE SOCIETY OF AMER 101 DEER RUN DRIVE COLCHESTER, CT 06415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COGINCHAUG FOOTBALL CLUB PO BOX 244 DURHAM, CT 06422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VISTA LIFE INNOVATIONS INC 107 BRADLEY ROAD MADISON, CT 06443	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
VISTA LIFE INNOVATIONS INC 107 BRADLEY ROAD MADISON, CT 06443	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SCHOOL 25 LAFAYETTE ROAD MARLBOROUGH, CT 06447	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COMMUNITY ECONOMIC DEVELOPMENT FUND 965 EAST MAIN ST MERIDEN, CT 06450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CYSTIC FIBROSIS FOUNDATION 101 CENTERPOINT DRIVE SUITE 107 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 101 CENTERPOINT DRIVE SUITE 107 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
WESLEYAN UNIVERSITY 77 PEARL STREET MIDDLETOWN, CT 06459	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
WESLEYAN UNIVERSITY 77 PEARL STREET MIDDLETOWN, CT 06459	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN UNIVERSITY 77 PEARL STREET MIDDLETOWN, CT 06459	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,075
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY STREET MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 OXFORD ROAD UNIT E4 MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	386
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 OXFORD ROAD UNIT E4 MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE NEW HAVEN DIAPER BANK INC 370 STATE STREET SUITE B NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUSCULAR DYSTROPHY ASSOCIATION 127 WASHINGTON AVE 4TH FLR WEST NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KATHARINE HEPBURN CULTURAL ARTS 300 MAIN STREET OLD SAYBROOK, CT 06475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE KATHARINE HEPBURN CULTURAL ARTS 300 MAIN STREET OLD SAYBROOK, CT 06475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONNECTICUT CANCER FOUNDATION INC 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST BASEBALL SCHOOL - COMMUNI PO BOX 869 ORANGE, CT 06477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	578
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	684
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
POP WARNER LITTLE SCHOLARS INC 16 LORELEI COURT SOUTHBURY, CT 06488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 16 LORELEI COURT SOUTHBURY, CT 06488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STS FOUNDATION INCPO BOX 872 SOUTHBURY, CT 06488	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WALLINGFORD GIRLS SOFTBALL LEAGUE I PO BOX 1274 WALLINGFORD, CT 06492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 1890 NEW HAVEN, CT 06508	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,200
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	420
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,322
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,490
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
YALE NEW HAVEN HEALTH SERVICES CORP PO BOX 1849 NEW HAVEN, CT 06508	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATIVE ARTS WORKSHOP INC 80 AUDUBON STREET NEW HAVEN, CT 06510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION FOR GREATER NE 70 AUDUBON STREET NEW HAVEN, CT 06510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY FOUNDATION FOR GREATER NE 70 AUDUBON STREET NEW HAVEN, CT 06510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT ASSOCIATION FOR THE PER 247 COLLEGE STREET NEW HAVEN, CT 06510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW HAVEN SYMPHONY ORCHESTRA INC 4 HAMILTON STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	893
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
SQUASH HAVEN INC 70 TOWER PARKWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FELLOWSHIP PLACE INC 441 ELM STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWSHIP PLACE INC 441 ELM STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MUSIC HAVEN INC 315 PECK STREET BOX A10 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF GREATER NEW HAVEN INC 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC HAVEN INC 315 PECK STREET BOX A10 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANTI-DEFAMATION LEAGUE 1952 WHITNEY AVE HAMDEN, CT 06517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HAITI MARYCARE INCPO BOX 185305 HAMDEN, CT 06518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITI MARYCARE INC 80 SERAFIN COURT HAMDEN, CT 06518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RMHC CTMA860 HOWARD AVENUE NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RMHC CTMA860 HOWARD AVENUE NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LOVE146 INCPO BOX 8266 NEW HAVEN, CT 06530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	433
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE146 INCPO BOX 8266 NEW HAVEN, CT 06530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
LOVE146 INCPO BOX 8266 NEW HAVEN, CT 06530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
NEW HAVEN PRESERVATION TRUST INC PO BOX 8968 NEW HAVEN, CT 06532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT NEIGHBORHOOD TRUST INC 570 STATE STREET BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF COASTAL FAIRFIELD COU 855 MAIN STREET 10TH FLOOR BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF COASTAL FAIRFIELD COU 855 MAIN STREET 10TH FLOOR BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WORKPLACE INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,500
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT ROMAN CATHOLIC DIOCESAN 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
BRIDGEPORT ROMAN CATHOLIC DIOCESAN 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT ZOOLOGICAL SOCIETY INC 1875 NOBLE AVENUE BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT ST BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT ST BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CT INC 126 MONROE TURNPIKE TRUMBULL, CT 06611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF CT INC 126 MONROE TURNPIKE TRUMBULL, CT 06611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	174
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
THE GLENHOLME SCHOOL 81 SABBADAY LANE WASHINGTON, CT 06703	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DEPAUL MISSION OF WATERB PO BOX 1612 WATERBURY, CT 06721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DEPAUL MISSION OF WATERB PO BOX 1612 WATERBURY, CT 06721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,295
ST VINCENT DEPAUL MISSION OF WATERB PO BOX 1612 WATERBURY, CT 06721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
WESTOVER SCHOOL INC 1237 WHITTEMORE ROAD MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH KENT SCHOOL 40 BULLS BRIDGE ROAD SOUTH KENT, CT 06785	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SUSAN B ANTHONY PROJECT INC 179 WATER STREET TORRINGTON, CT 06790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KIDSPLAY CHILDRENS MUSEUM INC 61 MAIN STREET TORRINGTON, CT 06790	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAFT SCHOOL110 WOODBURY RD WATERTOWN, CT 06795	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,100
DANBURY MUSIC CENTRE INC 256 MAIN ST DANBURY, CT 06810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REGIONAL HOSPICE AND HOME CARE OF W 30 MILESTONE RD DANBURY, CT 06810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN CONNECTICUT STATE UNIVERSIT 181 WHITE STREET/UH106 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,096
WESTERN CONNECTICUT STATE UNIVERSIT 181 WHITE STREET/UH106 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REGIONAL HOSPICE AND HOME CARE OF W 30 MILESTONE RD DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 51 AUSTIN ST DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
REGIONAL HOSPICE AND HOME CARE OF W 30 MILESTONE RD DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WOOSTER SCHOOL 91 MIRY BROOK ROAD DANBURY, CT 06810	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN AMERICA INC 3 FRESH MEDOWS LANE DARIEN, CT 06820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ST THOMAS MORE PARISH 374 MIDDLESEX RD DARIEN, CT 06820	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	13,705
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COUNTRY DAY SCHOOL CORPOR 2970 BRONSON RD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,373
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	34,000
FAIRFIELD COUNTRY DAY SCHOOL CORPOR 2970 BRONSON RD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
THE CONNECTICUT AUDUBON SOCIETY INC 314 UNQUOWA RD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,325
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
BRUCE MUSEUM INC1 MUSEUM DRIVE GREENWICH, CT 06830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGING LEADS FOUNDATION INC 287 DAVIS AVENUE APT C GREENWICH, CT 06830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BRUCE MUSEUM INC1 MUSEUM DRIVE GREENWICH, CT 06830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRUCE MUSEUM INC1 MUSEUM DRIVE GREENWICH, CT 06830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH CATHOLIC SCHOOL 471 NORTH STREET GREENWICH, CT 06830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GREENWICH CATHOLIC SCHOOL 471 NORTH STREET GREENWICH, CT 06830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
GREENWICH CATHOLIC SCHOOL 471 NORTH STREET GREENWICH, CT 06830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUKES FOUNDATION INC 377 NORTH WILTON ROAD NEW CANAAN, CT 06840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
NEW CANAAN LIBRARY INC 151 MAIN ST NEW CANAAN, CT 06840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVE NORWALK, CT 06850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVE NORWALK, CT 06850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
JEFFERSON MAGNET SCHOOL 75 VAN BUREN AVE NORWALK, CT 06850	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE FL 5 NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWALK EDUCATION FOUNDATION INC 125 EAST AVENUE NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE FL 5 NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,905
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 501 MERRITT 7 CORPORATE PARK PH NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE FL 5 NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	858
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE FL 5 NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,335
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE FL 5 NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	793
JDRF INTERNATIONAL 200 CONNECTICUT AVE SUITE 5H NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 200 CONNECTICUT AVE SUITE 5H NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARITIME AQUARIUM AT NORWALK IN 10 NORTH WATER STREET NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF SOUTHWEST CON 200 CONNECTICUT AVENUE NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
JDRF INTERNATIONAL 200 CONNECTICUT AVE SUITE 5H NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST COMMUNITY CHURCH INC 185 EAST AVE NORWALK, CT 06855	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
BUILDERS BEYOND BORDERS 66 FORT POINT STREET NORWALK, CT 06855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORWALK HOSPITAL FOUNDATION INC 34 MAPLE ST NORWALK, CT 06856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS DAY SCHOOL INC 8 RIVERSIDE AVENUE RIVERSIDE, CT 06878	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS DAY SCHOOL INC 8 RIVERSIDE AVENUE RIVERSIDE, CT 06878	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WESTPORT COUNTRY PLAYHOUSE INC 25 POWERS COURT WESTPORT, CT 06880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTPORT COUNTRY PLAYHOUSE INC 25 POWERS COURT WESTPORT, CT 06880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
WESTPORT COUNTRY PLAYHOUSE INC 25 POWERS COURT WESTPORT, CT 06880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	11,500
EXPERIENCE CAMPSPO BOX 5099 WESTPORT, CT 06881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPERIENCE CAMPSPO BOX 5099 WESTPORT, CT 06881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EXPERIENCE CAMPSPO BOX 5099 WESTPORT, CT 06881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
WESTON HIGH SCHOOL 115 SCHOOL RD WESTON, CT 06883	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC ON THE HILL INC 48 NEW CANAAN ROAD WILTON, CT 06897	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,650
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCHANGE CLUB CENTER FOR THE PREV O 141 FRANKLIN ST STAMFORD, CT 06901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WATERSIDE SCHOOL INC 770 PACIFIC ST STAMFORD, CT 06902	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WATERSIDE SCHOOL INC 770 PACIFIC ST STAMFORD, CT 06902	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS LEARNING CENTERS OF FAIRF 64 PALMERS HILL ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF STAMFORD INC MARY C RICH CLUBHOUSE 347 STILLWATE AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUB OF STAMFORD INC MARY C RICH CLUBHOUSE 347 STILLWATE AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
DOMUS KIDS INC 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC HOUSE INC 137 HENRY STREET 203 STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS LEARNING CENTERS OF FAIRF 64 PALMERS HILL ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS LEARNING CENTERS OF FAIRF 64 PALMERS HILL ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAMFORD HOSPITAL HEALTH FOUNDATION 1351 WASHINGTON BLVD STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DOMUS KIDS INC 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,444
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC HOUSE INC 137 HENRY STREET 203 STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
PACIFIC HOUSE INC 137 HENRY STREET 203 STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARENT TEACHER COUNCIL OF STAMF 202 BLACHLEY ROAD STAMFORD, CT 06902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
THE PARENT TEACHER COUNCIL OF STAMF 202 BLACHLEY ROAD STAMFORD, CT 06902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDON INCPO BOX 16741 STAMFORD, CT 06905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TURN OF RIVER SCHOOL117 VINE RD STAMFORD, CT 06905	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
FELLOWSHIP OF CHRISTIANS IN UNIVERS PO BOX 4870 STAMFORD, CT 06907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MARY J DONOHOE COMMUNITY SCHOOL 25 EAST 5TH STREET BAYONNE, NJ 07002	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
MARYS MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
SOFT BONES INC THE US HYPOPHOSPHATA 121 HAWKINS PLACE 267 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUDC FOUNDATION 549 POMPTON AVENUE SUITE 197 CEDAR GROVE, NJ 07009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SUDC FOUNDATION 549 POMPTON AVENUE SUITE 197 CEDAR GROVE, NJ 07009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
BOYS & GIRLS CLUBS OF MERCER COUNTY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAD HENNA SARA INC 10 UNDERWOOD PLACE SUITE 15 CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS IN NEW JERSEY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
BOYS & GIRLS CLUBS IN NEW JERSEY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PHILIP THE APOSTLE SCHOOL 797 VALLEY ROAD CLIFTON, NJ 07013	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
UNION COUNTY ECONOMIC DEVELOPMENT C 75 CHESTNUT STREET CRANFORD, NJ 07016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNION COUNTY ECONOMIC DEVELOPMENT C 75 CHESTNUT STREET CRANFORD, NJ 07016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 14 COMMERCE DR 301 CRANFORD, NJ 07016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 14 COMMERCE DR 301 CRANFORD, NJ 07016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTIAN RIVERA FOUNDATION 1452 RIVER ROAD EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,500
FRIENDS OF THE GLEN RIDGE LIBRARY 240 RIDGEWOOD AVENUE GLEN RIDGE, NJ 07028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HOBOKEN CATHOLIC ACADEMY 555 7TH ST HOBOKEN, NJ 07030	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEVENS COOPERATIVE SCHOOL 301 GARDEN STREET HOBOKEN, NJ 07030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE TRUSTEES OF THE STEVENS INSTITU DEVELOPMENT OFFICE 1 CASTLE POINT ON THE HUDSON HOBOKEN, NJ 07030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THE TRUSTEES OF THE STEVENS INSTITU DEVELOPMENT OFFICE 1 CASTLE POINT ON THE HUDSON HOBOKEN, NJ 07030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY STATE GOLF ASSOCIATION 3 GOLF DRIVE SUITE 206 KENILWORTH, NJ 07033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SYNAGOGUE OF THE SUBURBAN TORAH CEN 85 WEST MT PLEASANT AVENUE LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
TRUSTEES OF NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFETOWN INC10 MICROLAB RD LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	997
LUPUS FOUNDATION OF AMERICA NEW JER 65 E NORTHFIELD RD D-L LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MILLBURN DIAMOND CLUB INC 462 MILLBURN AVENUE MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
MILLBURN-SHORT HILLS VOLUNTEER FIRS PO BOX 226 MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAPER MILL PLAYHOUSE 22 BROOKSIDE DRIVE MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,890
PAPER MILL PLAYHOUSE 22 BROOKSIDE DRIVE MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MILLBURN DIAMOND CLUB INC 462 MILLBURN AVENUE MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION HIGH SCHOOL IMMACULATE CONCEPTION HS MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
IMMACULATE CONCEPTION HIGH SCHOOL IMMACULATE CONCEPTION HS MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 63 PARK STREET MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 63 PARK STREET MONTCLAIR, NJ 07042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MONTCLAIR FILM FESTIVAL INC 41 WATCHUNG PLAZA 345 MONTCLAIR, NJ 07042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUCCEED 2GETHER INCPO BOX 1355 MONTCLAIR, NJ 07042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL HOUSING INSTITUTE 60 SOUTH FULLERTON AVENUE SUITE 202 MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN NATIONAL RED CROSS 63 PARK STREET MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
MONTCLAIR STATE UNIVERSITY FOUNDATI 1 NORMAL AVENUE MONTCLAIR, NJ 07043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LACORDAIRE ACADEMY ELEMENTARY 151 LORRAINE AVENUE UPPER MONTCLAIR, NJ 07043	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CRAIG SCHOOL10 TOWER HILL RD MOUNTAIN LAKES, NJ 07046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
HOUSING AND NEIGHBORHOOD DEVELOPMEN 15 SOUTH ESSEX AVENUE REAR ORANGE, NJ 07050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
VALLEY ARTS INC 400 SOUTH JEFFERSON 10 ORANGE, NJ 07050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN ACADEMY 627 MT PLEASANT AVE WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
SAINT BARNABAS MEDICAL CENTER 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE JEWISH FOUNDATION FOR THE RIGHT 80 MAIN STREET SUITE 380 WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEWISH FOUNDATION FOR THE RIGHT 80 MAIN STREET SUITE 380 WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
THE JEWISH FOUNDATION FOR THE RIGHT 80 MAIN STREET SUITE 380 WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,100
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 959 US HIGHWAY 46 EAST SUITE 210 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRI-COUNTY SCHOLARSHIP FUND 4 CENTURY DRIVE 2ND FLOOR PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
MARCH OF DIMES INC 959 US HIGHWAY 46 EAST SUITE 210 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,086
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 959 US HIGHWAY 46 EAST SUITE 210 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
TRI-COUNTY SCHOLARSHIP FUND 4 CENTURY DRIVE 2ND FLOOR PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
COMMUNITY HOPE INC 959 ROUTE 46 EAST STE 402 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRI-COUNTY SCHOLARSHIP FUND 4 CENTURY DRIVE 2ND FLOOR PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA KTANA OF PASSAIC 1 MAIN AVENUE PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
NOBLE LEADERSHIP ACADEMY 123 JEFFERSON ST PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NOBLE LEADERSHIP ACADEMY 123 JEFFERSON ST PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE LEADERSHIP ACADEMY 123 JEFFERSON ST PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WAFA HOUSE INC 23 HOWE AVENUE 2ND FL PASSAIC, NJ 07055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,415
CHINESE AMERICAN CULTURAL ASSOCIATI PO BOX 4322 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDE OF NEW JERSEY INCPO BOX 4129 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHINESE AMERICAN CULTURAL ASSOCIATI PO BOX 4322 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	411
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,170
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 781 CLARK, NJ 07066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ANGEL PETS ANIMAL WELFARE SOCIETY I PO BOX 282 COLONIA, NJ 07067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS NEW JERSEY INC 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS NEW JERSEY INC 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
PTA NEW JERSEY CONGRESS OF PARENTS 262 GROVE RD S ORANGE, NJ 07079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,260
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF UNION INC 1050 JEANETTE AVENUE UNION, NJ 07083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONNECTICUT FARMS PRESBYTERIAN CHUR 888 STUYVESANT AVENUE UNION, NJ 07083	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
NEW JERSEY WORKSHOP FOR THE ARTS IN 150-152 EAST BROAD ST WESTFIELD, NJ 07090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREN MARY FRANCIS FOUNDATION 526 KIMBALL TURN WESTFIELD, NJ 07090	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD ST MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
GREATER NEWARK HOLIDAY FUND INC PO BOX 59 NEWARK, NJ 07101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
RUTGERS THE STATE UNIVERSITY OF NJ 1 WASHINGTON PARK 8TH FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75,000
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL STARS PROJECT INC 33 WASHINGTON STREET SUITE 100 NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED NEGRO COLLEGE FUND INC 60 PARK PLACE STE 406 NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
AIDS RESOURCE FOUNDATION FOR CHILDR 77 ACADEMY STREET NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 50 PARK PLACE SUITE M200 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
STREETSQUASH INC 60 PARK PLACE SUITE 405 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 32189 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,661
NEW JERSEY CITIZEN ACTION EDUCATION 625 BROAD STREET SUITE 270 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115,000
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY PERFORMING ARTS CENTER C ONE CENTER STREET NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123,500
VETHA INNOVATION CORPORATION 211 WARREN STREET NEWARK, NJ 07103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
VETHA INNOVATION CORPORATION 211 WARREN STREET NEWARK, NJ 07103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETHA INNOVATION CORPORATION 211 WARREN STREET NEWARK, NJ 07103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
VETHA INNOVATION CORPORATION 211 WARREN STREET NEWARK, NJ 07103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
GREATER NEWARK CONSERVANCY INC 32 PRINCE STREET NEWARK, NJ 07103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW COMMUNITY EMPLOYMENT SERVICES C 274 SOUTH ORANGE AVENUE NEWARK, NJ 07103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ARCHDIOCESE OF NEWARK 171 CLIFTON AVE NEWARK, NJ 07104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ARCHDIOCESE OF NEWARK 171 CLIFTON AVE NEWARK, NJ 07104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS SCHOLARSHIP FUND 171 CLIFTON AVENUE PO BOX 9500 NEWARK, NJ 07104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LA CASA DE DON PEDRO INC 75 PARK AVENUE NEWARK, NJ 07104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE SALVATION ARMY 11 PROVIDENCE STREET NEWARK, NJ 07105	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK, NJ 07105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF NEWARK INC 1 AVON AVENUE NEWARK, NJ 07108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SUPPORTERS OF THE BLOOMFIELD ANIMAL 103 TIONA AVE BELLEVILLE, NJ 07109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ACCESS UNLIMITED INC 80 W GRAND STREET ELIZABETH, NJ 07202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
COMMUNITY ACCESS UNLIMITED INC 80 W GRAND STREET ELIZABETH, NJ 07202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
ROSELLE CATHOLIC HIGH SCHOOL 350 RARITAN ROAD ROSELLE, NJ 07203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSELLE CATHOLIC HIGH SCHOOL 350 RARITAN ROAD ROSELLE, NJ 07203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,160
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH DEVELOPMENT COMPANY OF NE 205 FIRST STREET SUITE 114 ELIZABETH, NJ 07206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERS PREPARATORY SCHOOL 144 GRAND STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
AURICLE COMMUNICATIONS 43 MONTGOMERY ST FL 4 JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
BOYS & GIRLS CLUBS OF HUDSON COUNTY 225 MORRIS BOULEVARD JERSEY CITY, NJ 07302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART HOUSE PRODUCTIONS INC PO BOX 3264 JERSEY CITY, NJ 07303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SAINT DOMINIC ACADEMY 2572 KENNEDY BLVD JERSEY CITY, NJ 07304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SAINT DOMINIC ACADEMY 2572 KENNEDY BLVD JERSEY CITY, NJ 07304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN STATE EPISCOPAL COMMUNITY DE 118 SUMMIT AVENUE JERSEY CITY, NJ 07304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
GARDEN STATE EPISCOPAL COMMUNITY DE 118 SUMMIT AVENUE JERSEY CITY, NJ 07304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
RISING TIDE CAPITAL INC 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	770
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISING TIDE CAPITAL INC 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
RISING TIDE CAPITAL INC 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,505
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CITY HOPE CENTER INC 110 CAMBRIDGE AVENUE JERSEY CITY, NJ 07307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 619 GROVE STREET JERSEY CITY, NJ 07310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWER YOUTH A NEW JERSEY NON-PRO 19-03 MAPLE AVE FAIRLAWN, NJ 07410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KULA FOR KARMAPO BOX 820 FRANKLIN LAKES, NJ 07417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED ACADEMY INC25 POTASH ROAD OAKLAND, NJ 07436	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
STREET 2 STREET 555 GOFFLE ROAD SUITE 212 RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
SEATS OF DREAMS82 JOHN STREET RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER NORTH JERSEY IN PO BOX 1389 RIDGEWOOD, NJ 07451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ARABIAN RESCUE MISSION INC 42 GLEN RD WANTAGE, NJ 07461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VILLAGE SCHOOL 100 W PROSPECT ST WALDWICK, NJ 07463	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	325
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,510
LIFE RAFT GROUP INC 155 US HIGHWAY 46 SUITE 202 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,880
CHRISTIAN HEALTH CARE CENTER 301 SICOMAC AVENUE WYCKOFF, NJ 07481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EVAS VILLAGE INC393 MAIN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,947
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVAS VILLAGE INC393 MAIN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,335
EVAS VILLAGE INC393 MAIN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
ST PAULS COMMUNITY DEVELOPMENT CORP 456 VAN HOUTEN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVAS VILLAGE INC393 MAIN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,250
HAMILTON PARTNERSHIP FOR PATERSON I 72 MCBRIDE AVENUE 2ND FLOOR PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HAMILTON PARTNERSHIP FOR PATERSON I 72 MCBRIDE AVENUE 2ND FLOOR PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATERSON EDUCATION FOUNDATION INC 152 MARKET STREET SUITE 208 PATERSON, NJ 07505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW JERSEY COMMUNITY DEVELOPMENT CO 32 SPRUCE STREET PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY COMMUNITY DEVELOPMENT CO 32 SPRUCE STREET PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 07601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 07601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HACKENSACK RIVERKEEPER INC 231 MAIN ST HACKENSACK, NJ 07601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERGEN COUNTY VOCATIONAL TECHNICAL 200 HACKENSACK AVENUE HACKENSACK, NJ 07601	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
TABLE TO TABLE INC 611 US ROUTE 46 SUITE 240 HASBROUCK HEIGHTS, NJ 07604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,860
ACADEMY OF THE HOLY ANGELS 315 HILLSIDE AVENUE DEMAREST, NJ 07627	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELISABETH MORROW SCHOOL 435 LYDECKER STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,054
ELISABETH MORROW SCHOOL 435 LYDECKER STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
ELISABETH MORROW SCHOOL 435 LYDECKER STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERGEN PERFORMING ARTS CENTER INC 30 NORTH VAN BRUNT STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
BERGEN PERFORMING ARTS CENTER INC 30 NORTH VAN BRUNT STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR FOOD ACTION IN NEW JERSE 192 WEST DEMAREST AVENUE ENGLEWOOD, NJ 07631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAT ROCK BROOK NATURE ASSOCIATION 443 VAN NOSTRAND AVE ENGLEWOOD, NJ 07631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
STRAIGHT ROAD INTERNATIONAL PO BOX 67 LODI, NJ 07644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HACKENSACK MERIDIAN HEALTH INC 160 ESSEX ST STE 101 LODI, NJ 07644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAIGHT ROAD INTERNATIONAL PO BOX 67 LODI, NJ 07644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH REGIONAL HIGH SCHOOL 40 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST JOSEPH REGIONAL HIGH SCHOOL 40 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERGEN CATHOLIC HIGH SCHOOL 1040 ORADELL AVENUE ORADELL, NJ 07649	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,550
SHARE AND CARE FOUNDATION FOR INDIA 676 WINTERS AVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	501
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,100
YAVNEH ACADEMY 155 FARVIEW AVENUE PARAMUS, NJ 07652	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAVNEH ACADEMY 155 FARVIEW AVENUE PARAMUS, NJ 07652	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YESHIVAT HEATID INC 1500 QUEENANNE ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 264 TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RIVER VALE BASKETBALL ASSOCIATION 658 CARUSO LANE RIVER VALE, NJ 07675	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE HEART ACADEMY 500 VAN EMBURGH AVENUE TOWNSHIP OF WASHINGTON, NJ 07676	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
WOODCLIFF LAKE PFA INC 100 DORCHESTER ROAD WOODCLIFF LAKE, NJ 07677	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
COUNT BASIE THEATRE INC 99 MONMOUTH STREET RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
COUNT BASIE THEATRE INC 99 MONMOUTH STREET RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CAMP QUALITY USA INCORPORATED P O BOX 264 ADELPHIA, NJ 07710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER IN ASBURY PARK INC 806 THIRD AVE ASBURY PARK, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 1540 WEST PARK AVENUE OCEAN, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GARDEN STATE EQUALITY EDUCATION FUN 1408 MAIN ST ASBURY PARK, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1540 WEST PARK AVENUE OCEAN, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GARDEN STATE EQUALITY EDUCATION FUN 1408 MAIN ST ASBURY PARK, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PTA NEW JERSEY CONGRESS OF PARENTS 151 MONMOUTH AVENUE ATLANTIC HIGHLANDS, NJ 07716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTY FOUNDATION FOR WOMENS CANCER 788 SHREWSBURY AVENUE 2197 TINTON FALLS, NJ 07724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,710
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 45 WILSON AVE MANALAPAN, NJ 07726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	576
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,045
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN MONMOUTH CO 45 SOUTH STREET FREEHOLD, NJ 07728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
HABITAT FOR HUMANITY IN MONMOUTH CO 45 SOUTH STREET FREEHOLD, NJ 07728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMERGENCY HOUSING AND ADVOCACY PROG 41 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANDY HOOK FOUNDATION INC 84 MERCER ROAD FORT HANCOCK, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF CENTR 23 MAIN ST SUITE D1 HOLMDEL, NJ 07733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ST JOHN VIANNEY REGIONAL HIGH SCHOO 540A LINE ROAD HOLMDEL, NJ 07733	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PARENT-FACULTY ASSOCIATION OF THE M P O BOX 119 LINCROFT, NJ 07738	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
MONMOUTH CHINESE SCHOOL PO BOX 430 MARLBORO, NJ 07746	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
FRIENDSHIP CIRCLE A NJ NONPROFIT CO 707 TENNENT RD MANALAPAN, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
CHRIS CARRINO FOUNDATION FOR FSHD I 13 MCDONALD ROAD MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,700
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH FOOTBALL INC PO BOX 134 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,162
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,875
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,155
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	946
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,050
HUSKY HOUSE INC39 ROUTE 34 MATAWAN, NJ 07747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUSKY HOUSE INC39 ROUTE 34 MATAWAN, NJ 07747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUSKY HOUSE INC39 ROUTE 34 MATAWAN, NJ 07747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST MARY SCHOOL - PTA 538 CHURCH STREET NEW MONMOUTH, NJ 07748	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
MONMOUTH BEACH SCHOOL PARENT TEACHE 7 HASTINGS PL MONMOUTH BEACH, NJ 07750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFFORDABLE HOUSING ALLIANCE INC 3535 R 66 PARKWAY 100 COMPLEX BLD 4 NEPTUNE, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 07753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 07753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 07753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
RUMSON EDUCATION FOUNDATION INC PO BOX 395 RUMSON, NJ 07760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SUSSEX COUNTY ASSOCIATION FOR RETAR 11 US ROUTE 206 SUITE 100 AUGUSTA, NJ 07822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELEBRATE THE CHILDREN INC 230 DIAMOND SPRING ROAD SUITE 300 DENVILLE, NJ 07834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
CELEBRATE THE CHILDREN INC 230 DIAMOND SPRING ROAD SUITE 300 DENVILLE, NJ 07834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
HAWTHORNE CABALLEROS DRUM & BUGLE C 201 OLD FARM DR GREAT MEADOWS, NJ 07838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWTHORNE CABALLEROS DRUM & BUGLE C 201 OLD FARM DR GREAT MEADOWS, NJ 07838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEGACY OF A HERO THE LCPL CHRISCOSG 154 WHISPER WAY E LEDGEWOOD, NJ 07852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
HABITAT FOR HUMANITY INTERNATIONAL 274 SOUTH SALEM STREET RANDOLPH, NJ 07869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 274 SOUTH SALEM STREET RANDOLPH, NJ 07869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 274 SOUTH SALEM STREET RANDOLPH, NJ 07869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
NJ STRAYS INC 270 SPARTA AVE SUITE 104 PMB 346 SPARTA, NJ 07871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN UNITED SOCCER CLUB INC PO BOX 356 WASHINGTON, NJ 07882	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WARREN UNITED SOCCER CLUB INC PO BOX 356 WASHINGTON, NJ 07882	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KENT PLACE SCHOOL42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT PLACE SCHOOL42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
KENT PLACE SCHOOL42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
STUDENT PARTNER ALLIANCE A NEW JERS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENT PARTNER ALLIANCE A NEW JERS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUMMIT EDUCATIONAL FOUNDATION INC PO BOX 268 SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 695 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT EDUCATIONAL FOUNDATION INC PO BOX 268 SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 44 MIDDLE AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	938
STUDENT PARTNER ALLIANCE A NEW JERS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDEPENDENT COLLEGE FUND OF NJ 797 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,907
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,266
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	180
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
OVERLOOK FOUNDATION 36 UPPER OVERLOOK RD SUMMIT, NJ 07902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERLOOK FOUNDATION 36 UPPER OVERLOOK RD SUMMIT, NJ 07902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SUMMIT AREA YMCA 550 SPRINGFIELD AVE BERKELEY HEIGHTS, NJ 07922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,950
HOME FOR GOOD DOG RESCUE INC 465 SPRINGFIELD AVENUE BERKELEY HEIGHTS, NJ 07922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF THE LITTLE FLOWER 110 ROOSEVELT AVE BERKELEY HEIGHTS, NJ 07922	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
CHURCH OF THE LITTLE FLOWER 110 ROOSEVELT AVE BERKELEY HEIGHTS, NJ 07922	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
MORE THAN ME FOUNDATION INC PO BOX 438 BERNARDSVILLE, NJ 07924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN PEOPLE & WILDLIFE FUND INC PO BOX 624 BERNARDSVILLE, NJ 07924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
JOHN TAYLOR BABBITT FOUNDATION PO BOX 698 CHATHAM, NJ 07928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM MARCHING BAND CLUB A NJ NON 16 MOUNTAINSIDE DRIVE CHATHAM, NJ 07928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
THE SCHOOL DISTRICT OF THE CHATHAMS 58 MEYERSVILLE ROAD CHATHAM, NJ 07928	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
FAR HILLS COUNTRY DAY SCHOOL PO BOX 8 ROUTE 202 FAR HILLS, NJ 07931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD SUITE 105 FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD SUITE 105 FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
THE SHAKESPEARE THEATRE OF NEW JERS 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHAKESPEARE THEATRE OF NEW JERS 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE SHAKESPEARE THEATRE OF NEW JERS 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOUNDATION AND FRIENDS OF THE LONG 917 VALLEY ROAD GILLETTE, NJ 07933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILL ST BERNARDS SCHOOL PO BOX 604 GLADSTONE, NJ 07934	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
GILL ST BERNARDS SCHOOL PO BOX 604 GLADSTONE, NJ 07934	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,219
GILL ST BERNARDS SCHOOL PO BOX 604 GLADSTONE, NJ 07934	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 EAST HANOVER, NJ 07936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 EAST HANOVER, NJ 07936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 EAST HANOVER, NJ 07936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY CORNER FIRE COMPANY 95 CHURCH ST LIBERTY CORNER, NJ 07938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED STATES GOLF ASSOCIATION 77 LIBERTY CORNER RD LIBERTY CORNER, NJ 07938	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,175
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	229
DAYTOP VILLAGE OF NEW JERSEY INC 80 W MAIN ST MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DAYTOP VILLAGE OF NEW JERSEY INC 80 WEST MAIN ST MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,524
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH FOOD PANTRY INC 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MORRISTOWN-BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRISTOWN-BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY SOUP KITCHEN AND OUTREACH 36 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD GRIEF INC38 ELM STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIFE CAMP INC 310 SOUTH STREET 4TH FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CORNERSTONE FAMILY PROGRAMS 80 WASHINGTON STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CAMP INC 310 SOUTH STREET 4TH FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOMELESS SOLUTIONS INC 6 DUMONT PLACE 3RD FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS SOLUTIONS INC 6 DUMONT PLACE 3RD FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY SOUP KITCHEN AND OUTREACH 36 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CORNERSTONE FAMILY PROGRAMS 80 WASHINGTON STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD GRIEF INC38 ELM STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PRESCHOOL ADVANTAGE INC 25 LINDSLEY DR SUITE 307 MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	445
SOUTH STREET THEATER CO INC 100 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOUP KITCHEN AND OUTREACH 36 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	185
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL RD MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL RD MORRISTOWN, NJ 07963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
SUMMIT SPEECH SCHOOL 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,384
NEW JERSEY INTERGENERATIONAL ORCHES 570 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW C SELLITTO FOUNDATION INC PO BOX 1 NEW VERNON, NJ 07976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHERRY HILL HIGH SCHOOL EAST 1750 KRESSON ROAD CHERRY HILL, NJ 08003	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SOS BEAGLE RESCUE INC 814 JUDITH LANE ATCO, NJ 08004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG BEACH TOWNSHIP PBA LOCAL 373 C PO BOX 2315 LONG BEACH TOWNSHIP, NJ 08008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
OUR LADY OF GUADALUPE CONFERENCE 135 B NORTH WHITE HORSE PIKE LINDENWOLD, NJ 08021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BANCROFT NEUROHEALTH 1255 CALDWELL ROAD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	670
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIPLE SCLEROSIS ASSOCIATION OF A 375 KINGS HIGH WAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCLERODERMA FOUNDATION OF THE DELAW 385 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MULTIPLE SCLEROSIS ASSOCIATION OF A 375 KINGS HIGH WAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
SCLERODERMA FOUNDATION OF THE DELAW 385 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1415 ROUTE 70 EAST SUITE 311 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
HEALTH FOUNDATION FOR RURAL INDIA A 15 CEDAR HILL CT VOORHEES, NJ 08043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN OCEAN COUNTY COMMUNITY FOU 297 RT 72 W BOX 270 SUITE 35 MANAHAWKIN, NJ 08050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AYUDA VENEZUELA INC 27 KRISTEN LANE MANTUA, NJ 08051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
HABITAT FOR HUMANITY OF BURLINGTON 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3 EVES DRIVE MARLTON, NJ 08053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
SHRIMAD RAJCHANDRA MISSION DHARAMPU 12 N COUNTRY LAKES DRIVE MARLTON, NJ 08053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALZHEIMERS DISEASE AND RELATED DISO 3 EVES DRIVE MARLTON, NJ 08053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRIMAD RAJCHANDRA MISSION DHARAMPU 12 N COUNTRY LAKES DRIVE MARLTON, NJ 08053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE TENDER INC4501 CHURCH ROAD MOUNT LAUREL, NJ 08054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PERKINS CENTER FOR THE ARTS 395 KINGS HIGHWAY MOORESTOWN, NJ 08057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 693 RANCOCAS ROAD WESTAMPTON, NJ 08060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PENNSVILLE COMMUNITY PERFORMINGARTS 131 PRINCETON ROAD PENNSVILLE, NJ 08070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 425 SOUTH BROADWAY PITMAN, NJ 08071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 425 SOUTH BROADWAY PITMAN, NJ 08071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWORKS N CAMDEN INC 543 STATE STREET CAMDEN, NJ 08102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LATIN AMERICAN ECONOMIC DEVELOPMENT 433 MARKET STREET - SUITE L100 CAMDEN, NJ 08102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SACRED HEART GRADE SCHOOL 4TH JASPER STREETS CAMDEN, NJ 08104	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART GRADE SCHOOL 4TH JASPER STREETS CAMDEN, NJ 08104	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	600
THE SALVATION ARMY 1865 HARRISON AVE CAMDEN, NJ 08105	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOSEPHS CARPENTER SOCIETY 20 CHURCH STREET CAMDEN, NJ 08105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55,000
CATHEDRAL SOUP KITCHEN INC 1514 FEDERAL STREET CAMDEN, NJ 08105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CATHEDRAL SOUP KITCHEN INC 1514 FEDERAL STREET CAMDEN, NJ 08105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GO4THEGOAL FOUNDATION 7905 BROWNING ROAD SUITE 212 PENNSAUKEN, NJ 08109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
GO4THEGOAL FOUNDATION 7905 BROWNING ROAD SUITE 212 PENNSAUKEN, NJ 08109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COURT APPOINTED SPECIAL ADVOCATES O 321 SHORE ROAD SOMERS POINT, NJ 08244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF VINELAND INC 560 CRYSTAL AVENUE VINELAND, NJ 08360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
BORDENTOWN COMMUNITY SOCCER INC 32 VALLEY FORGE ROAD BORDENTOWN, NJ 08505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,700
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	817
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOASTMASTERS INTERNATIONAL 9 PIERCE ROAD EAST WINDSOR, NJ 08520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TOASTMASTERS INTERNATIONAL 9 PIERCE ROAD EAST WINDSOR, NJ 08520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FIRST REGIMENT WEST VIRGINIA CAVALR 247 RILEYVILLE ROAD HOPEWELL, NJ 08525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOURLAND CONSERVANCY 83 PRINCETON AVE SUITE 1A HOPEWELL, NJ 08525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,114
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,383
YINGHUA INTERNATIONAL SCHOOL A NJ N 25 LAUREL AVENUE KINGSTON, NJ 08528	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YINGHUA INTERNATIONAL SCHOOL A NJ N 25 LAUREL AVENUE KINGSTON, NJ 08528	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PARKINSONS UNITY WALK INC PO BOX 275 KINGSTON, NJ 08528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,790
PARKINSONS UNITY WALK INC PO BOX 275 KINGSTON, NJ 08528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM FOR A TWO Z INCP O BOX 32 PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PENNINGTON FIRST AID SQUAD INC 110 BROEMEL PLACE PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
PENNINGTON FIRE COMPANY PO BOX 141 PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUART COUNTRY DAY SCHOOL 1200 STUART RD PRINCETON, NJ 08540	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOWNE RD PRINCETON, NJ 08540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOWNE RD PRINCETON, NJ 08540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOWNE RD PRINCETON, NJ 08540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
EDEN AUTISM SERVICES INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEBA INC25 ALEXANDER ST PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIVE SOMETHING BACK 902 CARNEGIE CENTER SUITE 160 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON-BLAIRSTOWN CENTER INC 13 ROSZEL ROAD SUITE C204A PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR C/O LAVONDA WILLIAMS-DIAZ PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUTISM SPEAKS INC1060 STATE ROAD PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SPEAKS INC 1060 STATE ST 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FEBA INC25 ALEXANDER ST PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOOSE NEW JERSEY INC 201 ROCKINGHAM ROW PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,930
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,055
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ST 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FEBA INC25 ALEXANDER ST PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,515
AUTISM SPEAKS INC 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	345
AUTISM SPEAKS INC 1060 STATE ST 2ND FLOOR PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON HEALTHCARE SYSTEM FOUNDAT 3626 US ROUTE ONE PRNCETON, NJ 08540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
NORTH AMERICAN TELUGU ASSOCIATION I 5 INDEPENDENCE WAY SUITE 300 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
NORTH AMERICAN TELUGU ASSOCIATION I 5 INDEPENDENCE WAY SUITE 300 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN TELUGU ASSOCIATION I 5 INDEPENDENCE WAY SUITE 300 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	46,750
NORTH AMERICAN TELUGU ASSOCIATION I 5 INDEPENDENCE WAY SUITE 300 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EDEN AUTISM SERVICES FOUNDATION INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDEN AUTISM SERVICES FOUNDATION INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
EDEN AUTISM SERVICES FOUNDATION INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
LAUREL SCHOOL OF PRINCETON THE 75 MAPLETON RD PRINCETON, NJ 08540	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
KOREAN COMMUNITY CENTER FOUNDATION PO BOX 1128 PRINCETON, NJ 08542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SPECIAL OLYMPICS INCPO BOX 3589 PRINCETON, NJ 08543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JUNIOR LEAGUE OF GREATER PRINCE PO BOX 2192 PRINCETON, NJ 08543	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	315
PRINCETON JUNCTION VOLUNTEER FIRE C 245 CLARKSVILLE RD PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,617
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,397
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC PO BOX 324 WEST WINDSOR, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TABBYS PLACE A CAT SANCTUARY INC 1100 US HIGHWAY 202 RINGOES, NJ 08551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANATANA DHARMA FOUNDATION 12 OLD WARSON CT SKILLMAN, NJ 08558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,277
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL OF NEW JERSEY GRANTMAKERS I 111 WEST STATE STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NEW JERSEY FUTURE INC 16 W LAFAYETTE STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WESTMINSTER COMMUNITY LIFE CENTER I 1140 GREENWOOD AVE TRENTON, NJ 08609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MERCER 535 E FRANKLIN ST 2ND FL TRENTON, NJ 08610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOHEME OPERA COMPANY INC PO BOX 4157 TRENTON, NJ 08610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANCHOR HOUSE FOUNDATION INC 482 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,500
ANCHOR HOUSE FOUNDATION INC 482 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANCHOR HOUSE FOUNDATION INC 482 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOME SOCIETY OF NEW JERSE 635 S CLINTON AVE TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,067
CHILDRENS HOME SOCIETY OF NEW JERSE 635 S CLINTON AVE TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CHILDRENS HOME SOCIETY OF NEW JERSE 635 S CLINTON AVE TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRENTON CATS 1977 NORTH OLDEN AVENUE 327 TRENTON, NJ 08618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLES INC10 WOOD STREET TRENTON, NJ 08618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISLES INC10 WOOD STREET TRENTON, NJ 08618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
TRENTON CATS 1977 NORTH OLDEN AVENUE 327 TRENTON, NJ 08618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING AND COMMUNITY DEVELOPMENT N 145 W HANOVER ST TRENTON, NJ 08618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CATHOLIC CHARITIES DIOCESE OF TRENT 383 W STATE STREET TRENTON, NJ 08618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTER FOR NON PROFIT CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 35 MERCERVILLE, NJ 08619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI MERCER NJ INC 1235 WHITEHORSE MERCERVILLE RD BLDG C STE 303 HAMILTON, NJ 08619	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY STATE MUSEUM FOUNDATION PO BOX 530 TRENTON, NJ 08625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY CAPITAL PHILHARMONIC ORC PO BOX 7683 TRENTON, NJ 08628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MEALS ON WHEELS OF MERCER COUNTY IN 320 HOLLOWBROOK DRIVE EWING, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF TRENTON 701 LAWRENCEVILLE RD TRENTON, NJ 08648	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
DRESS FOR SUCCESS CENTRAL NEW JERSE CENTRALNJDRESSFORSUCCESSORG LAWRENCE TOWNSHIP, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,276
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,934
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
DONOVAN DELIVERSPO BOX 9503 TRENTON, NJ 08650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,015
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CHILDHOOD LEUKEMIA FOUNDATION INC 807 MANTOLOKING ROAD/SUITE 202 BRICK, NJ 08723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN EXPOSURE SIBERIAN HUSKY RE PO BOX 4224 BRICK, NJ 08723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTHERN EXPOSURE SIBERIAN HUSKY RE PO BOX 4224 BRICK, NJ 08723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTHERN EXPOSURE SIBERIAN HUSKY RE PO BOX 4224 BRICK, NJ 08723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,154
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
OCEAN HOUSING ALLIANCE INC 605 BAY AVE POINT PLEASANT BEACH, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE SHEDS LIGHT 253 CHESTNUT STREET TOMS RIVER, NJ 08753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MA DEUCE DEUCE7 APACHE DR TOMS RIVER, NJ 08753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1518 RIDGEWAY ROAD TOMS RIVER, NJ 08755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREGIVER VOLUNTEERS OF CENTRAL JER 67 ROUTE 37W BLDG 2 TOMS RIVER, NJ 08755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HUNTERDON ART MUSEUM 7 LOWER CENTER STREEET CLINTON, NJ 08809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INDIA ASSOCIATION OF GARDEN STATE I PO BOX 7421 EAST BRUNSWICK, NJ 08816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC PO BOX 1002 FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NEW JERSEY STATE FEDERATION OF WOME PO BOX 307 83 MAIN STREET GLEN GARDNER, NJ 08826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH STE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH STE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,515
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE ROAD MONROE, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	730
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE ROAD MONROE, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,223
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESOPHAGEAL CANCER EDUCATION FOUNDAT 115 COBBLESTONE BLVD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE ROAD MONROE, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LITERACY NEW JERSEY INC 100 MENLO PARK DRIVE STE 314 EDISON, NJ 08837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF METUCHENPO BOX 191 METUCHEN, NJ 08840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,175
DIOCESE OF METUCHENPO BOX 191 BRIDGEWATER, NJ 08840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOULA PROGRAM TO ACCOMPANY AND COMF 55 EXCHANGE PLACE SSTSE 402 NEW, NJ 08844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAIN CENTER OF NEW JERSEY 111 CEDAR GROVE LN SOMERSET, NJ 08873	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	101
ARSHA BODHA CENTER A NEW JERSEY NON 84 CORTELYOU LANE SOMERSET, NJ 08873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
ARSHA BODHA CENTER A NEW JERSEY NON 84 CORTELYOU LANE SOMERSET, NJ 08873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET MUSTANGS INC PO BOX 5634 SOMERSET, NJ 08875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOMERSET MUSTANGS INC PO BOX 5634 SOMERSET, NJ 08875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
SOMERVILLE MIDDLE SCHOOL 51 W CLIFF ST SOMERVILLE, NJ 08876	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERVILLE MIDDLE SCHOOL 51 W CLIFF ST SOMERVILLE, NJ 08876	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
JEWISH FEDERATION OF GREATER MIDDLE 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JEWISH FEDERATION OF GREATER MIDDLE 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON BALLET SOCIETY 80 ALBANY STREET NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- LIBERTY PLAZA NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- LIBERTY PLAZA NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- LIBERTY PLAZA NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- LIBERTY PLAZA NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET - SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,610
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET - SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,025
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,895
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,606
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET - SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,126
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET - SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	280
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
ST PETERS FOUNDATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MANAVI INCPO BOX 3103 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NAMI NEW JERSEY A NEW JERSEY NON PR 1562 ROUTE 130 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMMYS HOPE INCPO BOX 7281 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAMMYS HOPE INCPO BOX 7281 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NORTH BRUNSWICK BASEBALL ASSOCIATIO PO BOX 7805 NORTH BRUNSWICK, NJ 08902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH BRUNSWICK TOWNSHIP SCHOOL DIS 308 OLD GEORGES RD NORTH BRUNSWICK, NJ 08902	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
GEORGE STREET PLAYHOUSE INC PO BOX 194 NEW BRUNSWICK, NJ 08903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CHURCH OF THE HOLY APOSTLES 296 NINTH AVE NEW YORK, NY 10001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF THE HOLY APOSTLES 296 NINTH AVE NEW YORK, NY 10001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHURCH OF THE HOLY APOSTLES 296 NINTH AVE NEW YORK, NY 10001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
AUTISM SCIENCE FOUNDATION 106 W 32ND ST SUITE 182 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,045
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BACK ON MY FEET 115 W 29TH STREET SUITE 1100A NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	392
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL HUNGER PROJECT 110 WEST 30TH STREET 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
KARUNA-SHECHEN USA 237 W 35TH ST STE 1101 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,800
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOUNDED WARRIOR PROJECT INC 370 7TH AVE SUITE 1802 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A BETTER CHANCE INC 253 WEST 35TH ST 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,825
AMERICAN FRIENDS OF MAGEN DAVID ADO 352 SEVENTH AVE SUITE 400 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
BACK ON MY FEET 115 W 29TH STREET SUITE 1100A NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
FRIENDS OF HUDSON RIVER PARK INC 305 SEVENTH AVENUE 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEDGE FUNDS CARE INC 330 7TH AVENUE SUITE 2B NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MANHATTAN CLASS COMPANY INC 231 WEST 29TH ST STE 303 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
NATIONAL CARES MENTORING MOVEMENT I 5 PENN PLAZA 23RD FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
QSAC INC 253 WEST 35TH STREET 14TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RISING TREETOPS AT OAKHURST INC 1140 BROADWAY STE 903 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STONEWALL COMMUNITY FUND 1270 BROADWAY SUITE 501 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	793
JERICHO PROJECT 245 WEST 29TH STREET SUITE 902 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN NEED INC 115 WEST 31ST STREET 7TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
I HAVE A DREAM FOUNDATION 322 EIGHTH AVENUE SUITE 202 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ORPHANS FUTURES ALLIANCE INC 244 FIFTH AVENUE SUITE 2247 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF MAGEN DAVID ADO 352 SEVENTH AVE SUITE 400 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,185
BACK ON MY FEET 115 W 29TH STREET SUITE 1100A NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA SUITE 1204 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VOICES AGAINST BRAIN CANCER INC 254 WEST 31ST STREET 6TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
GRAMEEN AMERICA INC 150 WEST 30TH STREET 8TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CANCER CARE INC 275 SEVENTH AVENUE FL 22 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,522
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SCIENCE FOUNDATION 106 W 32ND ST SUITE 182 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEW YORK IMMIGRATION COALITION INC 131 WEST 33RD STREET SUITE 610 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEWALL COMMUNITY FUND 1270 BROADWAY SUITE 501 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	526
VENTURE FOR AMERICA INC 40 W 29TH ST SUITE 301 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,965
AMERICAN FRIENDS OF MAGEN DAVID ADO 352 SEVENTH AVE SUITE 400 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOWERY RESIDENTS COMMITTEE INC 131 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
PS 33 CHELSEA PREP281 9TH AVE NEW YORK, NY 10001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,000
OPEN CHANNELS NEW YORK INC 161A CHRYSTIE STREET NEW YORK, NY 10002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED ASIAN AMERICAN ALLIANCE INC 384 GRAND STREET1ST FLOOR OFFICE NEW YORK, NY 10002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
LA SALLE ACADEMY 44 EAST SECOND STREET NEW YORK, NY 10003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
VILLAGE TEMPLE33 EAST 12TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TURN 2 FOUNDATION INC 215 PARK AVENUE SOUTH SUITE 1905 NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREEN GUERILLAS INC 232 E 11TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOCIAL TEES ANIMAL RESCUE FOUNDATIO 325 EAST 5TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
POLICE ATHLETIC LEAGUE INC 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE INC 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
TURN 2 FOUNDATION INC 215 PARK AVENUE SOUTH SUITE 1905 NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH VILLAGE SOCIETY FOR HISTO 232 EAST 11TH STREET NEW YORK, NY 10003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNION OF ORTHODOX JEWISH CONGREGATI 11 BROADWAY 13TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
YEAR UP INC85 BROAD ST 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,888
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUING LEFTOVER CUISINE 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	940
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
AMREF HEALTH AFRICA INC 75 BROAD STREET SUITE 703 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COMMUNITY ACCESS INC 2 WASHINGTON STREET 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GOVERNORS ISLAND ALLIANCE INC 10 SOUTH ST SLIP 7 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMENTOR30 BROAD ST 9TH FL NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,144
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,945
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LETS GET READY INC 50 BROADWAY 25TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
STATUE OF LIBERTY ELLIS ISLAND FOUN 17 BATTERY PLACE SUITE 210 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALAZZO STROZZI FOUNDATION USA INC 1 WILLIAM STREET 3RD FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60,000
TEACH FOR AMERICA INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DYSTROPHIC EPIDERMOLYSIS BULLOSA RE 75 BROAD STREET SUITE 300 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	545
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 15TH FLR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
READ AHEAD INC 50 BROAD STREET SU 1720 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STATUE OF LIBERTY ELLIS ISLAND FOUN 17 BATTERY PLACE SUITE 210 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK OPPORTUNITY NETWORK IN 85 BROAD STREET 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
WHEELING FORWARD INC 85 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,415
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMENTOR30 BROAD ST 9TH FL NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TEACH FOR ALL INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	303
TEACH FOR AMERICA INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
NEW YORK MORTGAGE COALITION INC 85 BROAD STREET FL 17 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	549
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	968
COMMUNITY-WORD PROJECT INC 11 BROADWAY SUITE 508 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 26 BROADWAY 15TH FLR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,880
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LETS GET READY INC 50 BROADWAY 25TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
THE CENTER FOR NEW YORK CITY 17 BATTERY PLACE SUITE 728 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
IRAQ AND AFGHANISTAN VETERANS OF AM 85 BROAD ST - 16TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR ALL INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
COMMUNITY SOLUTIONS INTERNATIONAL I 60 BROAD STREET 2510A NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
JDRF INTERNATIONAL 26 BROADWAY 15TH FLR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUING LEFTOVER CUISINE 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUITUP INCORPORATED 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,465
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,310
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HER JUSTICE INC 100 BROADWAY 10TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
HISPANIC FEDERATION INC 55 EXCHANGE PLACE NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP A CHILD ALIVE 110 WALL STREET 5TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE POSSE FOUNDATION INC 14 WALL STREET SUITE 8A-60 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,465
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ORPHANED STARFISH FOUNDATION INC 55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
HISPANIC FEDERATION INC 55 EXCHANGE PLACE NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 14 WALL ST 8A NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
KEEP A CHILD ALIVE 110 WALL STREET 5TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,455
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,730
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
IMMIGRATION EQUALITY 40 EXCHANGE PLACE SUITE 1300 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMIGRATION EQUALITY 40 EXCHANGE PLACE SUITE 1300 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
UNITED NEGRO COLLEGE FUND INC 80 PINE STREET - 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
THE POSSE FOUNDATION INC 14 WALL ST 8A NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,012
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 14 WALL ST 8A NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,852
ASIAN AMERICAN FEDERATION INC 120 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,675
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	404
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,997
UNITED NEGRO COLLEGE FUND INC 80 PINE STREET - 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINA INSTITUTE IN AMERICA INCORPOR 40 RECTOR ST SECOND FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MJHS HOSPICE AND PALLIATIVE CARE IN 39 BROADWAY 3RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	376
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK WOMENS FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,066
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,162
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	318
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,620
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK WOMENS FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
GRACE INSTITUTE OF NEW YORK INC 40 RECTOR STREET 14TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
NEW YORK WOMENS FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	191
FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET NEW YORK, NY 10007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET NEW YORK, NY 10007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MAYORS FUND TO ADVANCE NEW YORK 253 BROADWAY 6TH FLOOR NEW YORK, NY 10007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
DAY ONE NEW YORK INC 11 PARK PLACE SUITE 701 NEW YORK, NY 10007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,525
GLOBAL KIDS INC 137 EAST 25TH STREET 2ND FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAK FELLOWSHIP INC 16 WEST 22ND STREET NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	518
TEAK FELLOWSHIP INC 16 WEST 22ND STREET NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	527
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAK FELLOWSHIP INC 16 WEST 22ND STREET NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JOYFUL HEART FOUNDATION 32 W 22ND STREET 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYC CHANCELLOR'S OFFICE 110 EAST 23RD STREET 5TH FLOOR NEW YORK, NY 10010	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	70
CITY AND COUNTRY SCHOOL INC 146 WEST 13TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
CITY AND COUNTRY SCHOOL INC 146 WEST 13TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 340 PARENT TEACHER ASSOCIATION I 64 WEST 17TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
REPORTERS INSTRUCTED IN SAVING COLL C/O THE HALF KING 505-507 WEST 23RD STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
IYENGAR YOGA ASSOCIATION OF GREATER 150 WEST 22ND STREET 2ND FLOOR NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IYENGAR YOGA ASSOCIATION OF GREATER 150 WEST 22ND STREET 2ND FLOOR NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REPORTERS INSTRUCTED IN SAVING COLL C/O THE HALF KING 505-507 WEST 23RD STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
PS 11 WILLIAM T HARRIS 320 W 21ST ST NEW YORK, NY 10011	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	865
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
PLANNED PARENTHOOD FEDERATION OF 26 BLEECKER ST NEW YORK, NY 10012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,505
LUMOS FOUNDATION USA INC 524 BROADWAY NEW YORK, NY 10012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 26 BLEECKER ST NEW YORK, NY 10012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,345
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY SCHOOL OF LAW F 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY SCHOOL OF LAW F 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HAVEN INC 200 CENTRE STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHARITY GLOBAL INC 40 WORTH ST ROOM 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,445
SPACE ON THE FARM INCPO BOX 699 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST ROOM 330 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,427
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CHARITY GLOBAL INC 40 WORTH ST ROOM 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,037
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,382
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
ANIMAL HAVEN INC 200 CENTRE STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST ROOM 330 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
ANIMAL HAVEN INC 200 CENTRE STREET NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARITY GLOBAL INC 40 WORTH ST ROOM 330 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	486
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,243
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PS 130 HERNANDO DE SOTO 143 BAXTER ST NEW YORK, NY 10013	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE RED SCHOOL HOUSE INC 272 SIXTH AVENUE NEW YORK, NY 10014	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
EVERY MOTHER COUNTS 180 VARICK STREET SUITE 1116 NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL AUDUBON SOCIETY INC 225 VARICK STREET 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
THEATRE FOR A NEW AUDIENCE INC 154 CHRISTOPHER STREET SUITE 3D NEW YORK, NY 10014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA AUDUBON SOCIETY 225 VARICK STREET 7TH FL NEW YORK, NY 10014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
NYU LANGONE HOSPITALS ONE PARK AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210,112
NYU LANGONE HOSPITALS ONE PARK AVE 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYU LANGONE HOSPITALS ONE PARK AVE 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHRISTIAN HERALD ASSN INC 432 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,032
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,660
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
SHARE A SMILE 30 EAST 37TH STREET 3H NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICES ORGANIZATIONS INC 270 MADISON AVE RM 1207 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,625
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	940
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,995
PAJAMA PROGRAM INC 114 EAST 39TH STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90,000
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PARK AVENUE CHAMBER SYMPHONY INC C/O ANDREA BERGER 343 EAST 30TH ST APT 7C NEW YORK NY 10016 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HERALD ASSN INC 432 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHRISTIAN HERALD ASSN INC 432 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DOMESTIC WORKERS ALLIANCE 243 5TH AVENUE MAILBOX 257 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	790
UNITED SERVICES ORGANIZATIONS INC 270 MADISON AVE RM 1207 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHRISTIAN HERALD ASSN INC 432 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,384
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
UNITED SERVICES ORGANIZATIONS INC 270 MADISON AVE RM 1207 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,450
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHRISTIAN HERALD ASSN INC 432 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,890
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	770
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,155
NEW ISRAEL FUND6 E 39TH ST SUITE 1 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,286
NATIONAL KIDNEY FOUNDATION INC 30 E 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JED FOUNDATION 6 EAST 39TH STREET SUITE 1204 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	514
FAMILY EQUALITY COUNCIL 475 PARK AVENUE SOUTH SUITE 2100 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	23,052
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,125
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,155
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MEMORIAL SLOAN-KETTERING CANCER CEN 885 2ND AVENUE 7TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,726
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 424 MADISON AVE 6TH FL NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,125
MADISON SQUARE BOYS & GIRLS CLUB IN 733 3RD AVE 2ND FL NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,046
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE SUITE 1002 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	19,800
UNIVERSITY OF ABERDEEN FOUNDATION I 708 THIRD AVENUE 6TH FLOOR SUITE 34 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 16 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND ST 16TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SERVICE SOCIETY OF NEW YO 633 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 424 MADISON AVE 6TH FL NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID LYNCH FOUNDATION FOR CONSCIOU 228 E 45TH STREET 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HELEN KELLER INTERNATIONAL INC ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE SUITE 1002 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS AID SOCIETY 711 THIRD AVENUE SUITE 700 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND ST 16TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET 12TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYASTHENIA GRAVIS FOUNDATION OF AME 355 LEXINGTON AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
CYSTIC FIBROSIS FOUNDATION 424 MADISON AVE 6TH FL NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENDOMETRIOSIS FOUNDATION OF AMERICA 205 EAST 42ND STREET 20TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,560
MANHATTAN INSTITUTE FOR POLICY RESE 52 VANDERBILT AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE SUITE 1002 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,800
THE CHILDRENS AID SOCIETY 711 THIRD AVENUE SUITE 700 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEWISH INSTITUTE FOR THE BLIND 369 LEXINGTON AVENUE 3RD FLOOR PSN 382 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MYASTHENIA GRAVIS FOUNDATION OF AME 355 LEXINGTON AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK CITY POLICE FOUNDATION INC 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
JUST ONE LIFE INC 587 FIFTH AVENUE SUITE 702 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,615
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE SUITE 1002 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,100
AMERICAN FRIENDS OF THE ROYAL HOSPI DUNCANABWWTWORGUK NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ENDOMETRIOSIS FOUNDATION OF AMERICA 205 EAST 42ND STREET 20TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	941
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE SUITE 1002 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ABERDEEN FOUNDATION I 708 THIRD AVENUE 6TH FLOOR SUITE 34 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND ST 16TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HELEN KELLER INTERNATIONAL INC ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CORPORATE PARTNERS 2 GRAND CENTRAL TOWER 140 E 45TH STREET 19A NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42ND ST 1519 NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
YOUNG MENS CHRISTIAN ASSOCIATION OF 224 EAST 47TH STREET NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42ND ST 1519 NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	540
NATIONAL ALLIANCE FOR RESEARCH ON S 747 THIRD AVE 33RD FLOOR NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
VILLAGE HEALTH WORKS 45 W 36TH STREET 8TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE HEALTH WORKS 45 W 36TH STREET 8TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
VILLAGE HEALTH WORKS 45 W 36TH STREET 8TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,745
AMERICAN LUNG ASSOCIATION 21 WEST 38TH ST 3RD FL NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELIVERING GOOD INC 266 W 37TH STREET 22ND FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY RUGBY INC 252 WEST 37TH ST SUITE 400 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE CHILDRENS SCHOLARSHIP FUND 8 W 38TH STREET 9TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE DWELLING PLACE OF N Y INC 409 W 40TH ST NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOOD DOG FOUNDATION INC 500 7TH AVENUE 8TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIVING CITIES INC THE NATIONAL COMM 1040 AVENUE OF THE AMERICAS FLOOR 17 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CAREERS THROUGH CULINARY ARTS PROGR 505 8TH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN LUNG ASSOCIATION 21 WEST 38TH ST 3RD FL NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,061
JUMPSTART FOR YOUNG CHILDREN INC 505 EIGHTH AVENUE SUITE 303 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUMPSTART FOR YOUNG CHILDREN INC 505 8TH AVE STE 303 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY RUGBY INC 252 WEST 37TH ST SUITE 400 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	588
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,817
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,717
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
READING PARTNERS 499 SEVENTH AVE 20TH FLOOR NORTH TOWER NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 WEST 38TH STREET SUITE 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,862
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,994
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREERS THROUGH CULINARY ARTS PROGR 505 8TH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
GLOBAL HEALTH CORPS INC 318 W 39TH STREET FLOOR 9L NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BREAKING GROUND HOUSING DEVELOPMENT 505 8TH AVENUE 5TH FLOOR NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GIRL SCOUTS OF THE UNITED STATES OF 420 FIFTH AVE 11TH FLOOR NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
THE JOE TORRE SAFE AT HOME FOUNDATI 55 WEST 39TH STREET-SUITE 600 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UPWARDLY GLOBAL 505 8TH AVE SUITE 1601 NEW YORK CITY, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
THE JOE TORRE SAFE AT HOME FOUNDATI 55 WEST 39TH STREET-SUITE 600 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
BIG APPLE PERFORMING ARTS INC 561 SEVENTH AVE SUITE 803 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF THE UNITED STATES OF 420 FIFTH AVE 11TH FLOOR NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	815
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UPWARDLY GLOBAL 505 8TH AVE SUITE 1601 NEW YORK CITY, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,900
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUKES ROOSEVELT HOSPITAL CENTER 1111 AMSTERDAM AVE NEW YORK, NY 10019	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PROJECT BROADWAY INC 445 W 54TH STREET 5A NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FRIENDS OF THIRTEEN INC 825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,947
PROJECT BROADWAY INC 445 W 54TH STREET 5A NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,658
THE FRIENDS OF THIRTEEN INC 825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,960
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,740
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JAZZ AT LINCOLN CENTER INC 3 COLUMBUS CIRCLE 12TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52 ST SUITE 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,730
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,233
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY FOUNDATION INC 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	417
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 3RD FL NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
N Y POLICE AND FIRE WIDOWS & CHILDR 156 WEST 56TH STREET SUITE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N Y POLICE AND FIRE WIDOWS & CHILDR 156 WEST 56TH STREET SUITE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
N Y POLICE AND FIRE WIDOWS & CHILDR 156 W 56TH ST STE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TUESDAYS CHILDREN 10 ROCKEFELLER PLAZA 10TH FLOOR SUITE 1007 NEW YORK, NY 10020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUESDAYS CHILDREN 10 ROCKEFELLER PLAZA 10TH FLOOR SUITE 1007 NEW YORK, NY 10020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
ROGOSIN INSTITUTE INC 504-506 EAST 74TH ST 1W NEW YORK, NY 10021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	999
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITAL FOR SPECIAL SURGERY FUND I 535 E 70TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HUNTER COLLEGE HIGH SCHOOL ALUMNAE HUNTER COLLEGE EAST ROOM 1314 695 PARK AVE NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,272
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MALTESE RESCUE PO BOX 20721 NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,384
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	118
FRIENDS OFCEDS INC 1393 YORK AVENUE NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
HUNTER COLLEGE HIGH SCHOOL ALUMNAE HUNTER COLLEGE EAST ROOM 1314 695 PARK AVE NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	625
THE HEWITT SCHOOL 45 EAST 75TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,210
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,727
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAVIND EYE FOUNDATION 447 EAST 57TH STREET FLOOR 7 ATTN DR CHRISTINE MELTON NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
BOTTOMLESS CLOSET 16 EAST 52ND STREET 15TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GATESTONE INSTITUTE 14 E 60TH STREET SUITE 705 NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOTTOMLESS CLOSET 16 EAST 52ND STREET 15TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	492
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,860
MARCH OF DIMES INC 515 MADISON AVENUE NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELLENIC INITIATIVE INC 135 E 57TH STREET FLOOR 14 NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HELP PERU INC 418 EAST 59TH STREET SUITE 19A NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD MIND INSTITUTE INC 101 EAST 56TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SOVEREIGN MILITARY HOSPITALLER ORDE 1011 FIRST AVE NYC, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	414
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	280
ETHICAL CULTURE FIELDSTON SCHOOL 33 CENTRAL PARK WEST NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
FORDHAM UNIVERSITY FORDHAM LAW SCHOOL 140 W 62ND ST NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
ETHICAL CULTURE FIELDSTON SCHOOL 33 CENTRAL PARK WEST NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY FORDHAM LAW SCHOOL 140 W 62ND ST NEW YORK, NY 10023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	280
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH WATER WOMEN FOUNDATION INC 33 WEST 60TH STREET FLOOR 2 NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PARENT TEACHER ASSOCIATION OF PS 45 210 WEST 61ST STREET NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALUMNI AND FRIENDS OF FIORELLO 100 AMSTERDAM AVE NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HIGH WATER WOMEN FOUNDATION INC 33 WEST 60TH STREET FLOOR 2 NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PHILHARMONIC-SYMPHONY SOCIETY OF NE 10 LINCOLN CENTER PLZ DAVID GEFFEN HALL NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODA FOUNDATION169 W 76 ST APT 4F NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,350
LAGUARDIA HIGH SCHOOL PARENTS ASSOC 100 AMSTERDAM AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILHARMONIC-SYMPHONY SOCIETY OF NE 10 LINCOLN CENTER PLZ DAVID GEFFEN HALL NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
PHILHARMONIC-SYMPHONY SOCIETY OF NE 10 LINCOLN CENTER PLZ DAVID GEFFEN HALL NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	915
YOUNG PEOPLES CHORUS OF NEW YORK CI 37 WEST 65TH STREET 2ND FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAGUARDIA HIGH SCHOOL PARENTS ASSOC 100 AMSTERDAM AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE ALUMNI AND FRIENDS OF FIORELLO 100 AMSTERDAM AVE NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VIRTUAL ENTERPRISES INTERNATIONAL I 122 AMSTERDAM AVE NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEIT RABBAN DAY SCHOOL 15 WEST 86TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,200
TREVOR DAY SCHOOL 1 WEST 88TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
BEIT RABBAN DAY SCHOOL 15 WEST 86TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOLS CORPORATI 139 WEST 91ST STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,509
TREVOR DAY SCHOOL 1 WEST 88TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ATHLETE ALLEY INC 105 WEST 86TH STREET 238 NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RODEPH SHOLOM SCHOOL INC 168 WEST 79TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,140
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86 STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILD BIRD FUND INC 565 COLUMBUS AVENUE NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATES OF THE UNIVERSITY OF TOR 58 WEST 84TH STREET 2F NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86 STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF RODEPH SHOLOM SCHOOL INC 168 WEST 79TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86 STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
FENCING IN THE SCHOOLS INC 210 WEST 91ST - 2ND FLOOR NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SYNCHRONICITY EARTH USA INC PO BOX 78 NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RODEPH SHOLOM SCHOOL INC 168 WEST 79TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
DWIGHT SCHOOL FOUNDATION 291 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PARENTS OF P S 334 INCPOBOX 467 NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DWIGHT SCHOOL FOUNDATION 291 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
DWIGHT SCHOOL FOUNDATION 291 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DWIGHT SCHOOL FOUNDATION 291 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS OF P S 334 INCPOBOX 467 NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SOLOMON SCHECHTER SCHOOL OF MANHATT 805 COLUMBUS AVE DEVELOPMENT OFFICE NEW YORK, NY 10025	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,850
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVENUE NEW YORK, NY 10025	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVENUE NEW YORK, NY 10025	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,750
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVENUE NEW YORK, NY 10025	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,175
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HILDAS AND ST HUGHS SCHOOL 619 WEST 114TH STREET NEW YORK, NY 10025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE MANHATTAN CHILDRENS CENTER INC 124 WEST 95TH STREET NEW YORK, NY 10025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,320
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,200
WEST SIDE MONTESSORI SCHOOL 309 WEST 92 STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,150
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,850
NEPAL ADOPTIVE FAMILIES ASSOCIATION ATTENTION DR AMY HECHT 900 WEST END AVENUE SUITE 1C NEW YORK CITY, NY 10025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD CATS INC 2472 BROADWAY 321 NEW YORK, NY 10025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLUMBIA ENGINEERING SCHOOL ALUMNI 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
TEACHERS COLLEGE COLUMBIA UNIVERSIT 525 WEST 120TH STREET NEW YORK CITY, NY 10027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING TEAM INC 2090 ADAM CLAYTON POWELL JR BLVD - 100 NEW YORK, NY 10027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BIOBUS INC 1361 AMSTERDAM AVENUE SUITE 340 NEW YORK, NY 10027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COLUMBIA BUSINESS SCHOOL CLUB OF NY 3022 BROADWAY NEW YORK, NY 10027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
E MONTE MOTION INC 8 W 126TH ST 3RD FL NEW YORK, NY 10027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
UNITED STATES CONFERENCE OF CATHOLI 240 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
UNITED STATES CONFERENCE OF CATHOLI 240 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
CLARKE SCHOOL FOR THE DEAF 80 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMAZ SCHOOL114 EAST 85TH STREET NEW YORK CITY, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,917
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT SCHOOL OF NEW YORK 1026 5TH AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
ST STEPHEN OF HUNGARY SCHOOL FOUNDA 1562 1ST AVE SUITE 114 NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	536
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STEPHEN OF HUNGARY SCHOOL FOUNDA 1562 1ST AVE SUITE 114 NEW YORK, NY 10028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIS HIGH SCHOOL55 EAST 84TH ST NEW YORK, NY 10028	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	13,625
REGIS HIGH SCHOOL55 EAST 84TH ST NEW YORK, NY 10028	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	450
REGIS HIGH SCHOOL55 EAST 84TH ST NEW YORK, NY 10028	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BERNARDS SCHOOL INC 4 EAST 98TH STREET NEW YORK, NY 10029	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
ST BERNARDS SCHOOL INC 4 EAST 98TH STREET NEW YORK, NY 10029	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST HARLEM TUTORIAL PROGRAM INC 2035 SECOND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASSOCIATION OF ART MUSEUM DIRECTORS 120 EAST 56TH SUITE 520 NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	867
NOLBED FOUNDATION INC 526 W 139 STREET 1 NEW YORK, NY 10031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NOLBED FOUNDATION INC 526 W 139 STREET 1 NEW YORK, NY 10031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 630 WEST 168TH ST NEW YORK, NY 10032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
PROJECT ALS INC 801 RIVERSIDE DRIVE STE 6G NEW YORK, NY 10032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
FRESH YOUTH INITIATIVES INC 505 WEST 171 STREET NEW YORK, NY 10032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ALS INC 801 RIVERSIDE DRIVE STE 6G NEW YORK, NY 10032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	151
BRONX CHARTER SCHOOL FOR THE ARTS 37 OVERLOOK TERRACE 5C NEW YORK, NY 10033	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ANJELLICLE CATS RESCUE C/O KATHRYN WILLIS - 570 FT WASHINGTON AVE 8L NEW YORK, NY 10033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY INC 5030 BROADWAY SUITE 641 NEW YORK, NY 10034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
LITERACY INC 5030 BROADWAY SUITE 641 NEW YORK, NY 10034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
STRIVE INTERNATIONAL INC 205 EAST 122ND STREET 3RD FLOOR NEW YORK, NY 10035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRIVE INTERNATIONAL INC 205 EAST 122ND STREET 3RD FLOOR NEW YORK, NY 10035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HARLEM CHILDRENS ZONE INC 35 EAST 125TH STREET NEW YORK, NY 10035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BRAIN TUMOR FOUNDATION 25 WEST 45 STREET SUITE 1405 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	415
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	595
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
MINDS MATTER OF NYC INC 1120 AVENUE OF THE AMERICAS 4TH FLOOR NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AMERICAN FRIENDS OF BEIT ISSIE 25 WEST 45TH STREET SUITE 1405 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,687
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BRAIN TUMOR FOUNDATION 25 WEST 45 STREET SUITE 1405 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	892
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MEDICAL RESEARCH FOUNDATI 1501 BROADWAY SUITE 1808 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,827
EXPANDED SCHOOLS INC 11 W 42ND STREET 3RD FLOOR NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE IMPOSSIBLE DREAM INC 50 WEST 47TH ST SUITE 2113 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROCKEFELLER PHILANTHROPY ADVISORS I 6 W 48TH ST NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
THE PINK AGENDA INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE AMERICAN FRIENDS OF BEIT ISSIE 25 WEST 45TH STREET SUITE 1405 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,680
CHILDRENS MEDICAL RESEARCH FOUNDATI 1501 BROADWAY SUITE 1808 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHINE GLOBAL INC 350 W 42ND ST - 41G NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRUE COLORS FUND INC 311 W 43RD ST 12TH FL NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEST BUDDIES INTERNATIONAL INC C/O KLINGMAN ASSOCIATES 1133 AVENUE OF AMERICAS AUITE 3110 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TRUE COLORS FUND INC 311 W 43RD ST 12TH FL NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
TOWN HALL FOUNDATION INC 123 WEST 43RD STREET NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTREPID MUSEUM FOUNDATION INC ONE INTREPID SQUARE 12TH AVENUE AND 46TH STREET NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE LA SALLE ACADEMY 332 WEST 43RD STREET NEW YORK, NY 10036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
BEACON HIGH SCHOOL 522 WEST 44TH STREET NEW YORK, NY 10036	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ORT AMERICA INC 75 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,190
CENTER FOR REPRODUCTIVE RIGHTS INC 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
DOCTORS OF THE WORLD-USA INC 222 BROADWAY 19TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLSEN INC 110 WILLIAM STREET 30TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HAZON INC125 MAIDEN LANE SUITE 8B NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW YORK CITY STREET TREE CONSORTIU 100 GOLD ST SUITE 3100 NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE SUITE 1505 NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,045
READ ALLIANCE INC 80 MAIDEN LANE 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH NEW YORK INC 123 WILLIAM STREET 4TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,975
AVODAH THE JEWISH SERVICE CORPS INC 125 MAIDEN LN STE 8B NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
BREAKTHROUGH NEW YORK INC 123 WILLIAM STREET 4TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REACH OUT AND READ OF GREATER NEW Y 75 MAIDEN LANE SUITE 1102 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	902
NEW YORK CITY STREET TREE CONSORTIU 100 GOLD ST SUITE 3100 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION EAST INC 80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
AVODAH THE JEWISH SERVICE CORPS INC 125 MAIDEN LN STE 8B NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORT AMERICA INC 75 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR REPRODUCTIVE RIGHTS INC 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CLASSICAL THEATRE INC 64 FULTON STREET SUITE 1108 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TRANSPORTATION ALTERNATIVES INC 111 JOHN ST STE 260 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TRANSPORTATION ALTERNATIVES INC 111 JOHN ST STE 260 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFORMANCE ZONE INC 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
TRANSPORTATION ALTERNATIVES INC 111 JOHN ST STE 260 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,150
NEW YORK CLASSICAL THEATRE INC 64 FULTON STREET SUITE 1108 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSPORTATION ALTERNATIVES INC 111 JOHN ST STE 260 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PERFORMANCE ZONE INC 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	283
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	355
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DANCE INSTITUTE INC 217 WEST 147TH STREET NEW YORK, NY 10039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BROWNING SCHOOL 52 EAST 62ND STREET NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BROWNING SCHOOL 52 EAST 62ND STREET NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,160
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,011
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,200
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,950
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,675
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,950
NEW YORK AND PRESBYTERIAN HOSPITAL 525 E 68TH ST BOX123 NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GENEVA SCHOOL OF MANHATTAN 593 PARK AVE NEW YORK, NY 10065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAD STRONG PROJECT INC 655 MADISON AVENUE 18TH FLOOR ATTN EVELYN POLCARI NEW YORK, NY 10065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEAD STRONG PROJECT INC 655 MADISON AVENUE 18TH FLOOR ATTN EVELYN POLCARI NEW YORK, NY 10065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,300
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD-LUBAVITCH OF THE UPPER EAST 419 EAST 77TH ST NEW YORK, NY 10075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,007
ALLEN-STEVENSON SCHOOL 132 EAST 78TH STREET NEW YORK, NY 10075	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ALLEN-STEVENSON SCHOOL 132 EAST 78TH STREET NEW YORK, NY 10075	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,012
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
OVARIAN CANCER RESEARCH FUND INC POST OFFICE BOX 32141 NEW YORK, NY 10087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVARIAN CANCER RESEARCH FUND INC POST OFFICE BOX 32141 NEW YORK, NY 10087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
OVARIAN CANCER RESEARCH FUND INC POST OFFICE BOX 32141 NEW YORK, NY 10087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OVARIAN CANCER RESEARCH FUND INC POST OFFICE BOX 32141 NEW YORK, NY 10087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUESPHERE FOUNDATION INC 888 SEVENTH AVENUE 30TH FLOOR NEW YORK, NY 10106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICANS FOR OXFORD INC 500 5TH AVE FL 32 NEW YORK, NY 10110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MUSIC FOR AUTISM INCPO BOX 1136 NEW YORK, NY 10113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE SCIENCE LEGAL DEFENSE FUND 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TOP HONORS INCORPORATED PO BOX 7473 NEW YORK, NY 10116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TOP HONORS INCORPORATED PO BOX 7473 NEW YORK, NY 10116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAULIESTRONG FOUNDATION INC C/O MORRIS MCVEIGH 767 3RD AVE NEW YORK, NY 10117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 350 5TH AVENUE SUITE 7820 NEW YORK, NY 10118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
HUMAN RIGHTS WATCH INC 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS WATCH INC 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,585
BOY SCOUTS OF AMERICA 350 5TH AVENUE SUITE 7820 NEW YORK, NY 10118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC ONE PENN PLAZA STE 6204 NEW YORK, NY 10119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC ONE PENN PLAZA STE 6204 NEW YORK, NY 10119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN DIABETES ASSOCIATION INC ONE PENN PLAZA STE 6204 NEW YORK, NY 10119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRICK CHURCH SCHOOL 62 EAST 92ND STREET NEW YORK, NY 10128	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	298
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,850
NIGHTINGALE-BAMFORD SCHOOL 20 EAST 92ND STREET NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,800
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICAHN SCHOOL OF MEDICINE AT MOUNT S 320 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NIGHTINGALE-BAMFORD SCHOOL 20 EAST 92ND STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO EAST 90TH STREET LANDMARK PRESE 2 EAST 90TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SPENCE-CHAPIN SERVICES TO FAMILIES 410 EAST 92ND STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE HILL NEIGHBORS INC 1326 MADISON AVENUE LL NEW YORK, NY 10128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLOMON R GUGGENHEIM FOUNDATION 1071 FIFTH AVENUE NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
THE LOWER LAB SCHOOL PARENT TEACHER 1700 3RD AVE NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,451
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHARTON BUSINESS SCHOOL CLUB OF NEW 1324 LEXINGTON AVENUE SUITE 409 NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HUNTER COLLEGE ELEMENTARY SCHOOL PA 71 E 94TH ST NEW YORK, NY 10128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
HUNTER COLLEGE ELEMENTARY SCHOOL PA 71 E 94TH ST NEW YORK, NY 10128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH'S SCHOOL - YORKVILLE 420 EAST 87TH STREET NEW YORK, NY 10128	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
HELPUSADOPT ORG INCPO BOX 787 NEW YORK, NY 10150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE AMERICAN IRELAND FUND 345 PARK AVE 17TH FLOOR NEW YORK, NY 10154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AMERICAN IRELAND FUND 345 PARK AVE 17TH FLOOR NEW YORK, NY 10154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
FRIENDS OF EIM INCPO BOX 1354 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
FRIENDS OF THE ISRAEL DEFENSE FORCE PO BOX 4224 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,572
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW VENTURE FUNDPO BOX 3535 GRAND CENTRAL STATION, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW VENTURE FUNDPO BOX 3535 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE ISRAEL DEFENSE FORCE PO BOX 4224 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	536
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF THE MUSEE ORSAY P O BOX 4233 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALZHEIMERS DISEASE AND RELATED DISO 60 EAST 42ND STREET SUITE 2240 NEW YORK, NY 10165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,055
ALZHEIMERS DISEASE AND RELATED DISO 60 EAST 42ND STREET SUITE 2240 NEW YORK, NY 10165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 122 EAST 42ND STREET 18TH FL NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,293
AMERICAN HEART ASSOCIATION INC 122 EAST 42ND STREET 18TH FL NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,441
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF WWB USA INC 122 EAST 42ND STREET 42ND FLR NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 122 EAST 42ND STREET 18TH FL NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,130
ARTHRITIS FOUNDATION INC 122 EAST 42ND STREET SUITE 2315 NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,321
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 122 EAST 42ND STREET 18TH FL NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,506
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 122 EAST 42ND STREET 18TH FL NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARTHRITIS FOUNDATION INC 122 EAST 42ND STREET SUITE 2315 NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST NEW YORK, NY 10168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,170
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR ECONOMIC EDUCATION 122 EAST 42ND STREET SUITE 2600 NEW YORK, NY 10168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
FOUR BLOCK FOUNDATION INC OTTERBOURG PC 230 PARK AVE 29TH FL NEW YORK, NY 10169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHRISTINA GRIMMIE FOUNDATION 420 LEXINGTON AVE 1756 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE 16TH FLOOR 1626 27 NEW YORK, NY 10170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE 16TH FLOOR 1626 27 NEW YORK, NY 10170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAMUEL WAXMAN CANCER RESEARCH FOUND 420 LEXINGTON AVE SUITE 825 NEW YORK, NY 10170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS DEFENSE FUND 420 LEXINGTON AVENUE NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAMUEL WAXMAN CANCER RESEARCH FOUND 420 LEXINGTON AVE SUITE 825 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE 16TH FLOOR 1626 27 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACK MARTIN FUND INC PO BOX 4952 NEW YORK, NY 10185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
JACK MARTIN FUND INC PO BOX 4952 NEW YORK, NY 10185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
P S I S 276 PARENT-TEACHER ASSOCIAT 55 BATTERY PLACE NEW YORK, NY 10280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,188
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P S I S 276 PARENT-TEACHER ASSOCIAT 55 BATTERY PLACE NEW YORK, NY 10280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
PS 89201 WARREN ST NEW YORK, NY 10282	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
PS 89201 WARREN ST NEW YORK, NY 10282	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SAINT PATRICK SCHOOL 3560 RICHMOND RD STATEN ISLAND, NY 10306	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
SETON FOUNDATION FOR LEARNING 315 ARLENE STREET STATEN ISLAND, NY 10314	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON FOUNDATION FOR LEARNING 315 ARLENE STREET STATEN ISLAND, NY 10314	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	140
AMERICAN CANCER SOCIETY INC 1200 SOUTH AVENUE SUITE 305 STATEN ISLAND, NY 10314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SOUTH BRONX UNITED INC 594 GRAND CONCOURSE SUITE 2 BRONX, NY 10451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
FORDHAM PREPARATORY SCHOOL EAST FORDHAM ROAD BRONX, NY 10458	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
MOUNT ST MICHAEL ACADEMY 4300 MURDOCK AVE BRONX, NY 10466	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT ST MICHAEL ACADEMY 4300 MURDOCK AVE BRONX, NY 10466	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CARDINAL SPELLMAN HIGH SCHOOL ONE CARDINAL SPELLMAN PLACE BRONX, NY 10466	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
CARDINAL SPELLMAN HIGH SCHOOL ONE CARDINAL SPELLMAN PLACE BRONX, NY 10466	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,591
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE SUITE 202 BRONX, NY 10471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS AND YOUNG WOMENS HEBREW 5625 ARLINGTON AVENUE BRONX, NY 10471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKING THE BOAT INC 812 EDGEWATER ROAD BRONX, NY 10474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROCKING THE BOAT INC 812 EDGEWATER ROAD BRONX, NY 10474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	59
ATLANTICIST SUPPORT FOUNDATION SUSAN WALTON ARMONK, NY 10504	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VCA CHARITIES546 N BEDFORD RD BEDFORD HILLS, NY 10507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WESTCHESTER LAND TRUST INC 403 HARRIS RD BEDFORD HILLS, NY 10507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FOR ALL SEASONS INCPO BOX 264 BRIARCLIFF, NY 10510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUDDHIST GLOBAL RELIEF 2020 ROUTE 301 CARMEL, NY 10512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
TEAM CONTINUUM INC1787 ROUTE 6 CARMEL, NY 10512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
TEAM CONTINUUM INC1787 ROUTE 6 CARMEL, NY 10512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS M BRENNAN MEMORIAL FOUNDATIO C/O JENNIFER BRENNAN WATERHOUSE 370 WHIPPOORWILL ROAD CHAPPAQUA, NY 10514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PEDIATRIC LOW GRADE ASTROCYTOMAFOUN 85 RIVERBEND LANE CHAPPAQUA, NY 10514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE MASTERS SCHOOL 49 CLINTON AVENUE DOBBS FERRY, NY 10522	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOOD BANK FOR WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
THE FOOD BANK FOR WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
THE FOOD BANK FOR WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHRISTOPHERS INN INC 21 FRANCISCAN WAY GARRISON, NY 10524	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ST JOSEPHS HOSPITAL YONKERS 275 N STREET HARRISON, NY 10528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST JOSEPHS HOSPITAL YONKERS 275 N STREET HARRISON, NY 10528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARAMOOR CENTER FOR MUSIC & THE ART PO BOX 816 KATONAH, NY 10536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAC ANGELS FOUNDATION INC 2005 PALMER AVE SUITE 291 LARCHMONT, NY 10538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FRENCH AMERICAN SCHOOL OF NEW YORK 320 EAST BOSTON POST ROAD MAMARONECK, NY 10543	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC FOREIGN MISSION SOCIETY OF PO BOX 302 MARYKNOLL, NY 10545	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
RICHMOND COMMUNITY SERVICES FOUNDAT 272 N BEDFORD ROAD MOUNT KISCO, NY 10549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHERN WESTCHESTER HOSPITAL CENTE 400 EAST MAIN STREET MOUNT KISCO, NY 10549	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KAREN INC 118 TITICUS ROAD NORTH SALEM, NY 10560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF KAREN INC 118 TITICUS ROAD NORTH SALEM, NY 10560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGIC BULLET FUND INC11 YERKS LN OSSINING, NY 10562	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,316
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,900
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,910
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,485
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUTIE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,970
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,980
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,961
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	965
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,781
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	910
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,505
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,871
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,095
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,610
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUTIE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,981
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,986
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	705
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,325
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,885
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,130
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,825
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,513
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DROVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,185
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,835
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,295
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,780
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIV SUITE 200 RYE BROK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DROVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,355
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,530
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,045
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,455
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,584
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,355
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36,420
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	19,278
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	685
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,065
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,570
PORT CHESTER CARVER CENTER INC 400 WESTCHESTER AVE PORT CHESTER, NY 10573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CANCER SUPPORT TEAM INC 2900 WESTCHESTER AVENUE SUITE 103 PURCHASE, NY 10577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST PLAY SOCCER CLUB INC 7 BRYANT POND ROAD PUTNAM VALLEY, NY 10579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,300
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,850
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUL RYEDERS INC 1091 BOSTON POST ROAD RYE, NY 10580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
EDGEMONT SCHOOL FOUNDATION INC PO BOX 1154 SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LAWRENCE COMMUNITY HEALTH SERVICES 670 WHITE PLAINS ROAD - SUITE 213 SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JCC OF MID WESTCHESTER INC 999 WILMOT ROAD SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUDSON RIVER HEALTHCARE FOUNDATION 55 SOUTH BROADWAY TARRYTOWN, NY 10591	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VOLUNTEER SERVICE BUREAU OF WESTCHE 220 WHITE PLAINS ROAD TARRYTOWN, NY 10591	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APRILS CHILD INC7-11 LEGION DRIVE VALHALLA, NY 10595	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,160
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HUG FOUNDATION PO BOX 868 YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 200 MAMARONECK AVE SUITE 603 WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GILDAS CLUB WESTCHESTER INC 80 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CYSTIC FIBROSIS FOUNDATION 200 MAMARONECK AVE SUITE 603 WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,895
NEW ROCHELLE-WHITE PLAINS KAPPA ALP PO BOX 1193 WHITE PLAINS, NY 10602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ROCHELLE-WHITE PLAINS KAPPA ALP PO BOX 1193 WHITE PLAINS, NY 10602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY SUITE 23 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY SUITE 23 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 30 GLENN ST STE 409 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY SUITE 23 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	496
JDRF INTERNATIONAL 30 GLENN ST STE 409 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY SUITE 23 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY SUITE 23 WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YONKERS PARTNERS IN EDUCATION INC 86 MAIN STREET SUITE 301 YONKERS, NY 10701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
ELIZABETH SETON PEDIATRIC CENTER 300 CORPORATE BOULEVARD SOUTH YONKERS, NY 10701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON VALLEY ART ASSOCIATION INC 101 WINDSOR TERRACE YONKERS, NY 10701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
ST VLADIMIRS SEMINARY 575 SCARSDALE ROAD YONKERS, NY 10707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVE SUITE 10 TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVE SUITE 10 TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVE SUITE 10 TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVE SUITE 10 TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,453
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SALESIAN HIGH SCHOOL 148 MAIN STREET NEW ROCHELLE, NY 10801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	675
URSULINE SCHOOL OF NEW ROCHELLE 1354 NORTH AVENUE NEW ROCHELLE, NY 10804	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ASSOC FOR DEVELOPMENT OF T 8 BROOKWOOD ROAD NEW ROCHELLE, NY 10804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
IONA PREPARATORY SCHOOL 255 WILMOT ROAD NEW ROCHELLE, NY 10804	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	900
IONA PREPARATORY SCHOOL 255 WILMOT ROAD NEW ROCHELLE, NY 10804	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IONA PREPARATORY SCHOOL 255 WILMOT ROAD NEW ROCHELLE, NY 10804	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,100
SISTERS OF LIFE38 MONTEBELLO RD SUFFERN, NY 10901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE DESMOID TUMOR RESEARCH FOUNDATI PO BOX 273 SUFFERN, NY 10901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OD YOSEF CHAI INC 18 NEW COUNTY RD MONSEY, NY 10952	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
100 RIDE INC C/O KIRSCHNER 12 HARRIET LANE SPRING VALLEY, NY 10977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,529
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHN LEWIS CHILDS SCHOOL 10 ELIZABETH ST FLORAL PARK, NY 11001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
UNITED STATES MERCHANT MARINE ACADE 300 STEAMBOAT ROAD KINGS POINT, NY 11024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES MERCHANT MARINE ACADE 300 STEAMBOAT ROAD KINGS POINT, NY 11024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL CANCER FOUNDATION 1129 NORTHERN BLVD STE 404 MANHASSET, NY 11030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH SHORE AUTISM CIRCLE INC 565 PLANDOME ROAD SUITE 284 MANHASSET, NY 11030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CANCER FOUNDATION 1129 NORTHERN BLVD STE 404 MANHASSET, NY 11030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST MARY'S ELEMENTARY SCHOOL 1300 NORTHERN BLVD MANHASSET, NY 11030	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SHELTER ROCK CHURCH 626 PLANDOME ROAD MANHASSET, NY 11030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOL 51 CLAPHAM AVENUE MANHASSET, NY 11030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	151
ST MARY'S HIGH SCHOOL 51 CLAPHAM AVENUE MANHASSET, NY 11030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
BOOMER ESIASON FOUNDATION 200 B ARMSTRONG ROAD GARDEN CITY PARK, NY 11040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROWING UP GREEN CHARTER SCHOOL 3927 28TH ST LONG ISLAND CITY, NY 11101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
JACOB A RIIS NEIGHBORHOOD SETTLEMEN 10-25 41ST AVENUE LONG ISLAND CITY, NY 11101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORTUNE SOCIETY INC 29-76 NORTHERN BLVD LONG ISLAND CITY NY, NY 11101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 17 HENRY DAVID THOREAU 28-37 29TH ST LONG ISLAND CITY, NY 11102	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
TURKISH AMERICAN MULTICULTURAL EDUC 43-49 45TH STREET SUNNYSIDE, NY 11104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOUR CHILDREN INC 36-11 12TH STREET LOWER LEVEL LONG ISLAND CITY, NY 11106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN AUTISM CENTER ACADEMY 57 WILLOUGHBY ST 3RD FL BROOKLYN, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
EPIC PLAYERS INC 138 SOUTH OXFORD STREET SUITE 3D BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN ARTS COUNCIL 20 JAY ST STE 616 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOUSING WORKS INC 57 WILLOUGHBY STREET FL 2 C/O DEVELOPMENT BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOTTOM LINE INC 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,077
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOTTOM LINE INC 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,466
ART COUNCIL INC 45 MAIN STREET SUITE 515 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BROOKLYN ARTS COUNCIL 20 JAY ST STE 616 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,776
BOTTOM LINE INC 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
GIRLS ON THE RUN N Y C INC 81 PROSPECT STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING WORKS 220 HULL HOUSING DEVE 57 WILLOUGHBY ST FL 2 C/O DEVELOPME T BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIRLS ON THE RUN N Y C INC 81 PROSPECT STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOUSING WORKS INC 57 WILLOUGHBY STREET FL 2 C/O DEVELOPMENT BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPIC PLAYERS INC 138 SOUTH OXFORD STREET SUITE 3D BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
EPIC PLAYERS INC 138 SOUTH OXFORD STREET SUITE 3D BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	683
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS AND TEACHERS ASSOCIATION OF 37 HICKS STREET BROOKLYN, NY 11201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,034
BROOKLYN SCHOOL OF INQUIRY PTO 50 AVENUE P SUITE 414 BROOKLYN, NY 11204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VERNON AVENUE PROJECT INC 442 LORIMER STREET SUITE D 309 BROOKLYN, NY 11206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERNON AVENUE PROJECT INC 442 LORIMER STREET SUITE D 309 BROOKLYN, NY 11206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYPRESS HILLS LOCAL DEVELOPMENT COR 625 JAMAICA AVENUE BROOKLYN, NY 11208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TOMORROWS LEADERS NYC 735 LINCOLN AVENUE 13E BROOKLYN, NY 11208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CATHOLIC CONFERENCE 7100 SHORE ROAD BROOKLYN, NY 11209	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
BEGINNING WITH CHILDREN FOUNDATION 217 HAVEMEYER ST 2ND FLOOR BROOKLYN, NY 11211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED LUBAVITCHER YESHIVOTH 570 CROWN ST BROOKLYN, NY 11213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,505
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLERY PLAYERS INC 199 14TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	193
PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,988
PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BERKELEY CARROLL SCHOOL 152 STERLING PLACE BROOKLYN, NY 11215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORYCORPS INC80 HANSON PLACE BROOKLYN, NY 11217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY HELP IN PARK SLOPE INC 200 FOURTH AVE BROOKLYN, NY 11217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LEMONADE INTERNATIONAL INC PO BOX 180202 BROOKLYN, NY 11218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	628
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEMONADE INTERNATIONAL INC PO BOX 180202 BROOKLYN, NY 11218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	732
NYU LUTHERAN MEDICAL CENTER 6025 SIXTH AVENUE BROOKLYN, NY 11220	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ACADEMY OF MEDICAL AND PUBLIC HEALT 5306 THIRD AVENUE 2ND FLOOR BROOKLYN, NY 11220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG APPLE INSTITUTE INC 2937 86TH ST BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
BIG APPLE INSTITUTE INC 2937 86TH ST BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
BIG APPLE INSTITUTE INC 2937 86TH ST BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEPHARDIC BIKUR HOLIM FUND IN M 425 KINGS HWY BROOKLYN, NY 11223	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	201
TRAIL BLAZER CAMPS INC 394 ROGERS AVENUE BROOKLYN, NY 11225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRAIL BLAZER CAMPS INC 394 ROGERS AVENUE BROOKLYN, NY 11225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIE MAE ROCK CAMP FOR GIRLS 495 FLATBUSH AVENUE BROOKLYN, NY 11225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CONGREGATION LEV BAIS YAAKOV 3574 NOSTRAND AVE BET V AND W BROOKLYN, NY 11229	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
CEKPET 2381 BRAGG STREET 1ST FLOOR BROOKLYN, NY 11229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHEL CHILDRENS HOME AND FAMILY SERV 1268 EAST 14TH STREET 3RD FLOOR BROOKLYN, NY 11230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL SCHOOL OF BROOKLYN 477 COURT STREET BROOKLYN, NY 11231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
INTERNATIONAL SCHOOL OF BROOKLYN 477 COURT STREET BROOKLYN, NY 11231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER NYC 285 VAN BRUNT STREET FL 1 BROOKLYN, NY 11231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COBBLE HILL PLAYSCHOOL 93 RAPELYE ST BROOKLYN, NY 11231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
PS 58 CARROLL (THE) 330 SMITH STREET BROOKLYN, NY 11231	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLAS DIY CORPORATION 462 36TH STREET BROOKLYN, NY 11232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SCO FAMILY OF SERVICES 443 39TH STREET BROOKLYN, NY 11232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FINANCIAL CLINIC 254 36TH STREET SUITE B321 UNIT 16 BROOKLYN, NY 11232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL HELP TO HEAL INC POBOX 351-140 BROOKLYN, NY 11235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET SUITE A BROOKLYN, NY 11237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PS 9 TEUNIS G BERGEN 80 UNDERHILL AVE BROOKLYN, NY 11238	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
HEART AND HAND FOR THE HANDICAPPED PO BOX 520230 FLUSHING, NY 11352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUDDHIST TZU CHI FOUNDATION 137-77 NORTHERN BLVD FLUSHING, NY 11354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BUDDHIST TZU CHI FOUNDATION 137-77 NORTHERN BLVD FLUSHING, NY 11354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 131-07 40TH RD STE E28 FLUSHING, NY 11354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 131-07 40TH ROAD SUITE E28 FLUSHING, NY 11354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 131-07 40TH RD STE E28 FLUSHING, NY 11354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST AGNES ACADEMIC SCHOOL 1320 124TH ST COLLEGE POINT, NY 11356	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BLVD BAYSIDE, NY 11361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHABAD OF EASTERN QUEENS INC 211-05 UNION TURNPIKE HOLLIS HILLS, NY 11364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,025
SURI KOPS KEREN MISHPACHOS INC 72-25 136TH STREET KEW GARDENS HILLS, NY 11367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 71-06 31ST AVENUE EAST ELMHURST, NY 11370	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
BREASTIES INC 35-65 86TH STREET APT 3B JACKSON HEIGHTS, NY 11372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	107
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	330
KEWFOREST SCHOOL INC 119-17 UNION TURNPIKE FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVING ALTERNATIVE LEARNERS UPLIFTI 8803 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
GIVING ALTERNATIVE LEARNERS UPLIFTI 8803 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	351
UNITED SPINAL ASSOCIATION INC 120-34 QUEENS BLVD 320 KEW GARDENS, NY 11415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SPINAL ASSOCIATION INC 120-34 QUEENS BLVD 320 KEW GARDENS, NY 11415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUEENS LIBRARY FOUNDATION INC 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
THE MARY LOUIS ACADEMY 176-21 WEXFORD TERRACE JAMAICA, NY 11432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP MOLLOY HIGH SCHOOL 83-53 MANTON ST BRIARWOOD, NY 11435	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ARCHBISHOP MOLLOY HIGH SCHOOL 83-53 MANTON ST BRIARWOOD, NY 11435	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
NYU WINTHROP HOSPITAL 290 OLD COUNTRY ROAD STE 22 MINEOLA, NY 11501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	550
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADELPHI UNIVERSITY 1 SOUTH AVE LEVERMORE 204 GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CROHNS & COLITIS FOUNDATION INC 585 STEWART AVE STE 304 GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,840
NASSAU COMMUNITY COLLEGE FOUNDATION 364 RICE CIRCLE GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASSAU COMMUNITY COLLEGE FOUNDATION 364 RICE CIRCLE GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 585 STEWART AVE STE 304 GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,260
GIRL SCOUTS OF NASSAU COUNTY INC 110 RING ROAD WEST GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD THE WAY FUND INC 300 GARDEN CITY PLAZA STE 149 GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
CROHNS & COLITIS FOUNDATION INC 585 STEWART AVE STE 304 GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NASSAU COUNTY INC 110 RING ROAD WEST GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASSAU COMMUNITY COLLEGE FOUNDATION 364 RICE CIRCLE GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
LEAD THE WAY FUND INC 300 GARDEN CITY PLAZA STE 149 GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOFSTRA UNIVERSITY 1000 FULTON AVENUE HEMPSTEAD, NY 11549	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAC INC50 CLINTON ST HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
EAC INC50 CLINTON ST HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAC INC50 CLINTON ST HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
EAC INC50 CLINTON ST HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN FRIENDS OF THE PARENTS CIR 1425 RXR PLAZA EAST TOWER 15TH FLOOR UNIONDALE, NY 11556	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AVE HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	634
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AVE HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AVE HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,000
ACHIEZER COMMUNITY RESOURCE CENTER 334 CENTRAL AVENUE LAWRENCE, NY 11559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS ACADEMY 270 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,198
MIDDLE EAST CHILDRENS INSTITUTE INC 63 FOREST AVENUE SUITE 5B LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORTLEDGE SCHOOL 355 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP HORSEABILITY INC 223 STORE HILL RD OLD WESTBURY, NY 11568	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DISABILITY FUND INC 265 SUNRISE HIGHWAY SUITE 45 ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY ASSOCIATION O 380 WASHINGTON AVENUE ROOSEVELT, NY 11575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 1400 OLD NORTHERN BLVD ROSLYN, NY 11576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 11576	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW YORK 250 WILLIS AVENUE ROSLYN HEIGHTS, NY 11577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OPERATION WOUNDED WARRIOR INC 155 MINEOLA AVENUE ROSLYN HEIGHTS, NY 11577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BUILDING HOMES FOR HEROES INC 65 ROOSEVELT AVE STE 105 VALLEY STREAM, NY 11581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF LONG IS 25 CARLE ROAD WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LONG ISLAND COUNCIL ON ALCOHOLISM I 1025 OLD COUNTRY RD STE 221 WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LONG ISLAND COUNCIL ON ALCOHOLISM I 1025 OLD COUNTRY RD STE 221 WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA DARCHEI TORAH 257 BEACH 17TH ST FAR ROCKAWAY, NY 11691	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE RESOURCECENTER I 45 PARK AVENUE BAY SHORE, NY 11706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ALZHEIMERS DISEASE RESOURCECENTER I 45 PARK AVENUE BAY SHORE, NY 11706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND HARVEST LTD 15 GRUMMAN ROAD W STE 1450 BETHPAGE, NY 11714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ISLAND HARVEST LTD 15 GRUMMAN ROAD W STE 1450 BETHPAGE, NY 11714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
COMMUNITY DEVELOPMENT CORPORATION O 2100 MIDDLE COUNTRY ROAD CENTEREACH, NY 11720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ISLIP CIVIC COUNCIL INC 68 WHEELER ROAD CENTRAL ISLIP, NY 11722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
GIRL SCOUTS OF SUFFOLK COUNTY INC 442 MORELAND RD COMMACK, NY 11725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
THE MARTY LYONS FOUNDATION INC 354 VETERANS MEMORIAL HWY STE 9 COMMACK, NY 11725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70,000
AMERICAN DEBT RESOURCES INC 384 LARKFIELD ROAD SUITE 1 EAST NORTHPORT, NY 11731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
THREE VILLAGE HISTORICAL SOCIETY PO BOX 76 EAST SETAUKET, NY 11733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING HELP INC 91 BROADWAY SUITE 10 GREENLAWN, NY 11740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
POSITIVE BEHAVIOR SUPPORT COMMUNITY PO BOX 263 GREENLAWN, NY 11740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUNTINGTON HOSPITAL ASSOCIATION 270 PARK AVENUE HUNTINGTON, NY 11743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOYS OF HOPE INCP O BOX 1247 HUNTINGTON, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TOWNWIDE FUND OF HUNTINGTON INC 148 E MAIN ST HUNTINGTON, NY 11743	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1 HUNTINGTON QUADRANGLE SUITE 1S06 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH AND WELFARE COUNCIL OF LONG 150 BROADHOLLOW ROAD SUITE 118 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ALZHEIMERS DISEASE AND RELATED DISO 425 BROADHOLLOW RD STE 307 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN KIDNEY FUND INC 145 PINELAWN ROAD SUITE 320N MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE DYSTONIA NOW 201 OLD COUNTRY ROAD SUITE 205 ATTN MARC MILLER MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1 HUNTINGTON QUADRANGLE SUITE 1S06 MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,246
ALZHEIMERS DISEASE AND RELATED DISO 425 BROADHOLLOW RD STE 307 MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1 HUNTINGTON QUADRANGLE SUITE 1S06 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
ALZHEIMERS DISEASE AND RELATED DISO 425 BROADHOLLOW RD STE 307 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1 HUNTINGTON QUADRANGLE SUITE 1S06 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTIMS INFORMATION BUREAU OF SUFFO 185 OVAL DRIVE ISLANDIA, NY 11749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAL-O-MINE EQUESTRIAN INC PAL-O-MINE EQUESTRIAN INC ISLANDIA, NY 11749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEBT COUNSELING CORP 3033 EXPRESS DRIVE NORTH HAUPPAUGE, NY 11749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAVINS GOT HEART INC 320 CEDAR AVE ISLIP, NY 11751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHILDREN AND SCREENS-INSTITUTE OF D 125 JERICHO TPKE SUITE 300 JERICHO, NY 11753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,075
CLEARY SCHOOL FOR THE DEAF 301 SMITHTOWN BLVD NESCONSET, NY 11767	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTEE OYSTER SLOOP PRESERVATION PO BOX 386 OYSTER BAY, NY 11771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY HOUSING INNOVATIONS INC 55 MEDFORD AVE SUITE B PATCHOGUE, NY 11772	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,195
AMERICAN LUNG ASSOCIATION 700 VETERANS MEMORIAL HIGHWAY SUITE 305 HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASSOCIATION FOR TECHNOLOGY DEPENDEN PO BOX 5052 HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND HOUSING PARTNERSHIP INC 180 OSER AVE SUITE 800 HAUPPAUGE, NY 11788	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,951
THE NEW YORK COMMUNITY TRUST 1864 MUTTONTOWN ROAD SYOSSET, NY 11791	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MEDICAL FUND OF NEW YORK 300 ROBBINS LANE SYOSSET, NY 11791	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PAN LONG ISLAND CHALLENGE INC 1366 ODELL STREET WANTAGH, NY 11793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,400
ALUMNI ASSOCIATION OF THE STATE UNI 488 ADMINISTRATION BLDG ATTN KATHLEEN WEBER STONY BROOK, NY 11794	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONY BROOK FOUNDATION INC 230 ADMINISTRATION BUILDING STONY BROOK, NY 11794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
STONY BROOK FOUNDATION INC 230 ADMINISTRATION BUILDING STONY BROOK, NY 11794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WEST ISLIP YOUTH ENRICHMENT SERVICE PO BOX 105 WEST ISLIP, NY 11795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,391
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,127
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHAMPTON ANIMAL SHELTER FOUNDATI 102 OLD RIVERHEAD ROAD HAMPTON BAYS, NY 11946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOSEPH J THEINERT MEMORIAL FUND INC BOX 1650 MATTITUCK, NY 11952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
QUOGUE FREE LIBRARY INC 90 QUOGUE STREET QUOGUE, NY 11959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUOGUE FREE LIBRARY INC 90 QUOGUE STREET QUOGUE, NY 11959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TOMMYS HOUSE INC 6 PATCHOGUE TRAIL RIDGE, NY 11961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TOMMYS HOUSE INC 6 PATCHOGUE TRAIL RIDGE, NY 11961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARRISH ART MUSEUM INC 279 MONTAUK HIGHWAY WATER MILL, NY 11976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BUSINESS COUNCIL FOR PEACE INC PO BOX 276 WATER MILL, NY 11976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AVERILL PARK AND SAND LAKE VOLUNTEE 35 EASTERN UNION TURNPIKE AVERILL PARK, NY 12018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA WARHORSE FOUNDATION INC PO BOX 461 SARATOGA SPRINGS, NY 12020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SARATOGA WARHORSE FOUNDATION INC PO BOX 461 SARATOGA SPRINGS, NY 12020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
EQUINE ADVOCATES INCORPORATED PO BOX354 CHATHAM, NY 12037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	607
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK HUDSON LAND CONSERVANCY INC 425 KENWOOD AVE DELMAR, NY 12054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
MOHAWK HUDSON LAND CONSERVANCY INC 425 KENWOOD AVE DELMAR, NY 12054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 DELAWARE AVENUE DELMAR, NY 12054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 DELAWARE AVENUE DELMAR, NY 12054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FREE TO BE ME RESCUE INC 154 DELAWARE AVE DELMAR, NY 12054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FREE TO BE ME RESCUE INC 154 DELAWARE AVE DELMAR, NY 12054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ROTTIE RESCUE OF NEW YORK PO BOX 350 CLIFTON PARK, NY 12065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
INTERNATIONAL ASSOCIATION OF LIONS PO BOX 244 GALWAY, NY 12074	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 103 PATROON DRIVE 10 GUILDERLAND, NY 12084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHEASTERN 8 STANLEY CIRCLE LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
JUNIOR ACHIEVEMENT OF NORTHEASTERN 8 STANLEY CIRCLE LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHEASTERN 8 STANLEY CIRCLE LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
JUNIOR ACHIEVEMENT OF NORTHEASTERN 8 STANLEY CIRCLE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
JDRF INTERNATIONAL 950 NEW LOUDON ROAD SUITE 330 LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
JUNIOR ACHIEVEMENT OF NORTHEASTERN 8 STANLEY CIRCLE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE HOLLOW ARBORETUMPO BOX 446 SLINGERLANDS, NY 12159	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,800
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON VALLEY COMMUNITY COLLEGE FOU 80 VANDENBURGH AVENUE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AUDUBON SOCIETY OF NEW YORK STATE I 120 DEFREEST DRIVE TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF NEW YORK STATE I 120 DEFREEST DRIVE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
FRIENDS OF OAKWOOD CEMETERY INC 50-101ST STREET TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON VALLEY COMMUNITY COLLEGE FOU 80 VANDENBURGH AVENUE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ARTS CENTER OF THE CAPITAL REGI 265 RIVER ST TROY, NY 12180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARTS CENTER OF THE CAPITAL REGI 265 RIVER ST TROY, NY 12180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TROY REHABILITATION AND IMPROVEMENT 415 RIVER STREET TROY, NY 12180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
THE ARTS CENTER OF THE CAPITAL REGI 265 RIVER ST TROY, NY 12180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	175
CATHOLIC CHARITIES OF ALBANY & RENS 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
UNITED JEWISH FEDERATION OF NORTHEA 184 WASHINGTON AVENUE EXT ALBANY, NY 12203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIVE CHARITABLE INITIATIVES I 272 BROADWAY ALBANY, NY 12204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 4 COMPUTER DRIVE WEST SUITE 201 ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 1 MARCUS BOULEVARD SUITE 203 ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL REGION SPONSOR SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
MAKE-A-WISH FOUNDATION OF NORTHEAST 3 WASHINGTON SQUARE ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS BIG SISTERS OF THE CAP 1698 CENTRAL AVENUE ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF NORTHEAST 3 WASHINGTON SQUARE ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
XLH NETWORK INC 911 CENTRAL AVENUE 161 ALBANY, NY 12206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR EMPLOYMENT OPPORTUNITIES 41 STATE STREET SUITE 408 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR EMPLOYMENT OPPORTUNITIES 41 STATE STREET SUITE 408 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CENTER FOR EMPLOYMENT OPPORTUNITIES 41 STATE STREET SUITE 408 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NYS POLICE INVESTIGATORS ASSOCIATIO 54 STATE STREET SUITE 300 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRISH-AMERICAN HERITAGE MUSEUM 370 BROADWAY ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NAMI NEW YORK STATE INC 99 PINE STREET SUITE 105 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR EMPLOYMENT OPPORTUNITIES 41 STATE STREET SUITE 408 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST HEALTH FOUNDATION INC SPHP CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ST PETERS HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
EQUINOX INC 102 HACKETT BOULEVARD ALBANY, NY 12209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINOX INC 102 HACKETT BOULEVARD ALBANY, NY 12209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EQUINOX INC 102 HACKETT BOULEVARD ALBANY, NY 12209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,310
HUNGER ACTION NETWORK OF NEW YORK 275 STATE STREET ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL DISTRICT GAY & LESBIAN COMM 332 HUDSON AVE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HUNGER ACTION NETWORK OF NEW YORK 275 STATE STREET ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFFORDABLE HOUSING PARTNERSHIP OF T 255 ORANGE STREET ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 207 SHERIDAN AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI ASSOC OF STATE U ALBANY 1400 WASHINGTON AVE ALUMNI HOUSE ALBANY, NY 12222	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ALUMNI ASSOC OF STATE U ALBANY 1400 WASHINGTON AVE ALUMNI HOUSE ALBANY, NY 12222	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
BURNT HILLS-BALLSTON LAKE JUNIOR SP PO BOX 2717 GLENVILLE, NY 12302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD SCHENECTADY, NY 12304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EMPIRE STATE YOUTH ORCHESTRA 432 STATE ST SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRLS INCORPORATED OF THE GREATER C 962 ALBANY STREET SCHENECTADY, NY 12307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF THE GREATER C 962 ALBANY STREET SCHENECTADY, NY 12307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	418
GIRLS INCORPORATED OF THE GREATER C 962 ALBANY STREET SCHENECTADY, NY 12307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13,000
GIRLS INCORPORATED OF THE GREATER C 962 ALBANY STREET SCHENECTADY, NY 12307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI COUNCIL OF UNION COLLEGE INC UNION COLLEGE SCHENECTADY, NY 12308	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
ALUMNI COUNCIL OF UNION COLLEGE INC UNION COLLEGE SCHENECTADY, NY 12308	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT USA 65 AMSTERDAM AVENUE KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A J WILLIAMS-MEYERS AFRICAN ROOTS C PO BOX 2203 KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF ULSTER COUNTY INC 450 ALBANY AVENUE KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	137
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	137
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
ADAPTIVE SPORTS FOUNDATION INC PO BOX 266 WINDHAM, NY 12496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ADAPTIVE SPORTS FOUNDATION INC PO BOX 266 WINDHAM, NY 12496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAPLEBROOK SCHOOL5142 ROUTE 22 AMENIA, NY 12501	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGUTAN OUTREACH INC PO BOX 833 HUDSON, NY 12534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HABITAT FOR HUMANITY INTERNATIONAL 125 WASHINGTON STREET NEWBURGH, NY 12550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
ADOPTIVE AND FOSTER FAMILY COALITIO 108 MAIN STREET NEW PALTZ, NY 12561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY-PAWLING SCHOOL CORPORATION 700 RT 22 PAWLING, NY 12564	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TAILS OF HOPE FOUNDATION INC PO BOX 1663 PINE BUSH, NY 12566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILDERSTEIN PRESERVATION PO BOX 383 RHINEBECK, NY 12572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATCHTOWER BIBLE AND TRACT SOCIETY 900 RED MILLS RD WALLKILL, NY 12589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SPARROWS NEST OF THE HUDSON VALLEY 946 ROUTE 376 SUITE 7 WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,670
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MILL STREET LOFT INC 45 PERSHING AVENUE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2649 SOUTH RD 101 POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
COUNTRY DANCE & SONG SOCIETY INC 27 ADRIANCE AVE POUGHKEEPSIE, NY 12601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
COUNTRY DANCE & SONG SOCIETY INC 27 ADRIANCE AVE POUGHKEEPSIE, NY 12601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POUGHKEEPSIE-HIGHLAND RAILROAD BRID PO BOX 889 POUGHKEEPSIE, NY 12602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
POUGHKEEPSIE-HIGHLAND RAILROAD BRID PO BOX 889 POUGHKEEPSIE, NY 12602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
VASSAR COLLEGE OFFICE OF ALUMNAE/I AFFAIRS DEVELOPMENT 161 COLLEGE AVENUE BOX POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 301 MANCHESTER ROAD SUITE 105 POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILITIES FIRST INC 70 OVEROCKER ROAD POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
SULLIVANARC FOUNDATION 162 EAST BROADWAY MONTICELLO, NY 12701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SULLIVANARC FOUNDATION 162 EAST BROADWAY MONTICELLO, NY 12701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 74 WARREN STREET GLENS FALLS, NY 12801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES CONFERENCE OF CATHOLI 241 BROADWAY SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTERS OF SARATOGA INC 14 WALWORTH ST SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ALCOHOL & SUBSTANCE ABUSE PREVENTIO 125 HIGH ROCK AVENUE SUITE 105B SARATOGA SPGS, NY 12866	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SARATOGA P L A N INC 112 SPRING STREET SARATOGA SPRINGS, NY 12866	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA SPRINGS PERFORMING ARTS CE 108 AVE OF THE PINES SARATOGA SPRINGS, NY 12866	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NORTH COUNTRY SCHOOL INC 4382 CASCADE ROAD LAKE PLACID, NY 12946	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN COMMUNITY HOSPITAL FOUNDATIO 17 LANSING STREET AUBURN, NY 13021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
WELLS COLLEGE ADVANCEMENT OFFICE PETTIBONE AURORA, NY 13026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
YOUNG WOMENS CHRISTIAN ASSOCIATION 14 CLAYTON AVE CORTLAND, NY 13045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL COUNCIL OF CORTLAND COUNTY PO BOX 5133 CORTLAND, NY 13045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 290 ELWOOD DAVIS DRIVE SUITE 290 6 LIVERPOOL, NY 13088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
STONE BY STONE MOVING MOUNTAINS IN PO BOX 2961 LIVERPOOL, NY 13089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CNY FAMILY BICYCLE GIVEAWAY INC 8398 OSWEGO ROAD LIVERPOOL, NY 13090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 135 OLD COVE RD SUITE 213 LIVERPOOL, NY 13090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PULASKI COMMUNITY MINISTRIES INC 12 BRIDGE STREET PULASKI, NY 13142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULASKI COMMUNITY MINISTRIES INC 12 BRIDGE STREET PULASKI, NY 13142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PULASKI COMMUNITY MINISTRIES INC 12 BRIDGE STREET PULASKI, NY 13142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL NEW YORK COMMUNITY FOUNDATI 431 EAST FAYETTE ST SUITE 100 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MCMAHON-RYAN CHILD ADVOCACY SITE IN 601 EAST GENESEE STREET SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ON POINT FOR COLLEGE INC 488 WEST ONONDAGA ST SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,585
MCMAHON-RYAN CHILD ADVOCACY SITE IN 601 EAST GENESEE STREET SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MCMAHON-RYAN CHILD ADVOCACY SITE IN 601 EAST GENESEE STREET SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL NEW YORK COMMUNITY FOUNDATI 431 EAST FAYETTE ST SUITE 100 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SAMARITAN CENTER INC 215 NORTH STATE STREET SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAMARITAN CENTER INC 215 NORTH STATE STREET SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 308 OTISCO STREET SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 308 OTISCO STREET SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HOME HEADQUARTERS INC 538 ERIE BOULEVARD WEST SUITE 100 SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF LOURDES HOSPITALITY NOR 107 MICHAELS AVENUE SYRACUSE, NY 13208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
CYSTIC FIBROSIS FOUNDATION 200 GATEWAY PARK DRIVE BLDG C SYRACUSE, NY 13212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SYRACUSE CITY SCHOOL DISTRICT 344 WEST GENESEE STREET SYRACUSE, NY 13220	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
SYRACUSE UNIVERSITY 150 CROUSE DRIVE SYRACUSE, NY 13244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRACUSE UNIVERSITY 150 CROUSE DRIVE SYRACUSE, NY 13244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
SUSQUEHANNA SOCIETY FOR THE PREVENT 3560 ST RT 205 HARTWICK, NY 13348	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
MOHAWK VALLEY HEALTH SYSTEM 1656 CHAMPLIN AVE NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT RD NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARE NET PREGNANCY CENTER OF CENTRA PO BOX 460 NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW YORK DISTRICT KIWANIS FOUNDATIO 9020 KIWANIS ROAD TABERG, NY 13471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESET NEW YORK 130 COUNTY HWY 18C WEST EDMESTON, NY 13485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MOHAWK VALLEY LUNCH CLUB INC 50 CHATEAU DR WHITESBORO, NY 13492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
CEREBRAL PALSY ASSOCIATION OF THE M 1020 MARY STREET UTICA, NY 13501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY ASSOCIATION OF THE M 1020 MARY STREET UTICA, NY 13501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 110 LOMOND CT UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF THE GOOD SHEPHERD 1550 CHAMPLIN AVE UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 110 LOMOND CT UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
STATE UNIVERSITY OF NEW YORK POLYTE 100 SEYMOUR ROAD UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 110 LOMOND CT UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,367
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF THE GOOD SHEPHERD 1550 CHAMPLIN AVE UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
THEA BOWMAN HOUSE INC 731 LAFAYETTE ST UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FAXTON-ST LUKES HEALTHCARE FOUNDATI 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAXTON-ST LUKES HEALTHCARE FOUNDATI 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
FAXTON-ST LUKES HEALTHCARE FOUNDATI 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
MOTHER MARIANNE'S WEST SIDE KITCHEN 702 COLUMBIA ST UTICA, NY 13502	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHER MARIANNE'S WEST SIDE KITCHEN 702 COLUMBIA ST UTICA, NY 13502	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,534
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,700
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	863
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POTSDAM COLLEGE FOUNDATION INC 44 PIERREPONT AVENUE POTSDAM, NY 13676	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 13 BEECH ST JOHNSON CITY, NY 13790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 13 BEECH ST JOHNSON CITY, NY 13790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 13 BEECH ST JOHNSON CITY, NY 13790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE STATE UNIVERSITY COLLEGE AT ONE 129 ALUMNI HALL ONEONTA, NY 13820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
THE STATE UNIVERSITY COLLEGE AT ONE 129 ALUMNI HALL ONEONTA, NY 13820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE STATE UNIVERSITY COLLEGE AT ONE 128 ALUMNI HALL ONEONTA, NY 13820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WSKG PUBLIC TELECOMMUNICATIONS COUN 601 GATES RD BINGHAMTON, NY 13850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SCLERODERMA FOUNDATION TRI STATE CH 59 FRONT STREET BINGHAMTON, NY 13905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	920
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCLERODERMA FOUNDATION TRI STATE CH 59 FRONT STREET BINGHAMTON, NY 13905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WNY AVIATION ADVENTURE CAMP INC 3 TREADEASY AVENUE BATAVIA, NY 14020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LORD OF LIFE ADULT & CHILD SERVICES 1025 BORDEN ROAD DEPEW, NY 14043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CONSERVATION OFFICERS ASSO 1475 BOWEN RD ELMA, NY 14059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ST FRANCIS HIGH SCHOOL 4129 LAKE SHORE ROAD HAMBURG, NY 14075	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS HIGH SCHOOL 4129 LAKE SHORE ROAD HAMBURG, NY 14075	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBORNS IN NEED INC 6162 EAST AVE NEWFANE, NY 14108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND CHANCE SHELTERING NETWORK IN PO BOX 175 SPRING BROOK, NY 14140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALLENTOWN ASSOCIATION INC 61 COLLEGE STREET BUFFALO, NY 14201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELMWOOD VILLAGE CHARTER SCHOOL 40 DAYS PARK BUFFALO, NY 14201	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	325
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 1263 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FAMILY JUSTICE CENTER OF ERIE COUNT 438 MAIN ST SUITE 201 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 1263 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
FAMILY JUSTICE CENTER OF ERIE COUNT 438 MAIN ST SUITE 201 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POLICE ATHLETIC LEAGUE OF BUFFALO I 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE OF BUFFALO I 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 1263 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
EPIC-EVERY PERSON INFLUENCES CHILDR 1000 MAIN STREET BUFFALO, NY 14202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
BUFFALO NIAGARA WATERKEEPER INC 721 MAIN ST BUFFALO, NY 14203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HONORS FOUNDATION 186 E NORTH STREET BUFFALO, NY 14204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY HONORS FOUNDATION 186 E NORTH STREET BUFFALO, NY 14204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHEAS OCONNEL PRESERVATION GUILD LT SHEAS PERFORMING ARTS CENTER BUFFALO, NY 14205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEAS OCONNEL PRESERVATION GUILD LT SHEAS PERFORMING ARTS CENTER BUFFALO, NY 14205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
716 SQUASH INCPO BOX 372 AMHERST, NY 14207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANISIUS COLLEGE2001 MAIN ST BUFFALO, NY 14208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CANISIUS COLLEGE2001 MAIN ST BUFFALO, NY 14208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CANISIUS COLLEGE2001 MAIN ST BUFFALO, NY 14208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANISIUS COLLEGE2001 MAIN ST BUFFALO, NY 14208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 742 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO PHILHARMONIC ORCHESTRA SOCI 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
WNY WOMENS FOUNDATION 742 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
VETERANS ONE-STOP CENTER OF WNY INC 1280 MAIN STREET SUITE 204 BUFFALO, NY 14209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO, NY 14209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,980
CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO, NY 14209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,550
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,668
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PERSISTENCE PREPARATORY ACADEMY CHA 104 YORK STREET REAR UPPER BUFFALO, NY 14213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PERSISTENCE PREPARATORY ACADEMY CHA 104 YORK STREET REAR UPPER BUFFALO, NY 14213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AVENUE PROJECT INC 271 GRANT ST BUFFALO, NY 14213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTMINSTER ECONOMIC DEVELOPMENTINI 436 GRANT STREET BUFFALO, NY 14213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO OLMSTED PARKS CONSERVANCY I 84 PARKSIDE AVENUE BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS OF CHARITY HOSPITAL FOUNDAT 2157 MAIN STREET BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BUFFALO PREP INC 18 ACHESON ANNEX UNIVERSITY AT BUFFALO BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO OLMSTED PARKS CONSERVANCY I 84 PARKSIDE AVENUE BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS WORLDWIDE 1639 HERTEL AVENUE BUFFALO, NY 14216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILIES OF FANA-WNY INC 1100 AMHERST ST BUFFALO, NY 14216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
NICHOLS SCHOOL1250 AMHERST ST BUFFALO, NY 14216	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINAL MUSCULAR ATROPHY RESEARCH TE 28 S SHORE BLVD LACKAWANNA, NY 14218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
HABITAT FOR HUMANITY BUFFALO INC 1675 SOUTH PARK AVENUE BUFFALO, NY 14220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BISHOP TIMON-ST JUDE HIGH SCHOOL 601 MCKINLEY PKWY BUFFALO, NY 14220	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP TIMON-ST JUDE HIGH SCHOOL 601 MCKINLEY PKWY BUFFALO, NY 14220	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
NATIONAL PARKINSON FOUNDATION INC 2805 WEHRLE DRIVE SUITE 12 WILLIAMSVILLE, NY 14221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 5488 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,266
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5488 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVITY OF MARY SCHOOL 8550 MAIN STREET WILLIAMSVILLE, NY 14221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
BUFFALO SEMINARY 205 BIDWELL PARKWAY BUFFALO, NY 14222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BURCHFIELD-PENNEY ART CENTER 1300 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NARDIN ACADEMY 135 CLEVELAND AVENUE BUFFALO, NY 14222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH'S COLLEGIATE INSTITUTE 845 KENMORE AVENUE BUFFALO, NY 14223	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
ST JOSEPHS COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,500
ST JOSEPHS COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
11 DAY POWER PLAY INCPO BOX 4 TONAWANDA, NY 14223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
JDRF INTERNATIONAL 331 ALBERTA DR SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 331 ALBERTA DR 106 BUFFALO, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 331 ALBERTA DR SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JDRF INTERNATIONAL 331 ALBERTA DR 106 BUFFALO, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 331 ALBERTA DR 106 BUFFALO, NY 14226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
JDRF INTERNATIONAL 331 ALBERTA DR SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HOSPICE FOUNDATION OF WESTERN NEW Y 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE FOUNDATION OF WESTERN NEW Y 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 101 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 101 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF METRO NEW 100 SYLVAN PARKWAY SUITE 101 AMHERST, NY 14228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
AMERICAN CANCER SOCIETY INC 101 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUNEEL RESEARCH FOUNDATION 275 NORTHPOINTE PKWY STE 50 AMHERST, NY 14228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NEW YORK PUBLIC BROADCASTIN 140 LOWER TERRACE BUFFALO NY 14202 BUFFALO, NY 14240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WESTERN NEW YORK PUBLIC BROADCASTIN 140 LOWER TERRACE BUFFALO NY 14202 BUFFALO, NY 14240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
WESTERN NEW YORK PUBLIC BROADCASTIN 140 LOWER TERRACE BUFFALO NY 14202 BUFFALO, NY 14240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NIAGARA AQUARIUM FOUNDATION INC 701 WHIRLPOOL STREET NIAGARA FALLS, NY 14301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NIAGARA AQUARIUM FOUNDATION INC 701 WHIRLPOOL STREET NIAGARA FALLS, NY 14301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GILLAM-GRANT COMMUNTIY CENTER INC 6966 WEST BERGEN ROAD BERGEN, NY 14416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE PONY THERAPEUTIC HORSEMANSHI PO BOX 148 BERGEN, NY 14416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CANANDAIGUA COMFORT CARE HOME 5160 PARRISH ST EXTENSION CANANDAIGUA, NY 14424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 3040 COUNTY ROAD 10 CANANDAIGUA, NY 14424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANANDAIGUA COMFORT CARE HOME 5160 PARRISH ST EXTENSION CANANDAIGUA, NY 14424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GENESEO FOUNDATION INC 1 COLLEGE CIR DOTY HALL 244 GENESEO, NY 14454	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	146
GENESEO FOUNDATION INC 1 COLLEGE CIR DOTY HALL 244 GENESEO, NY 14454	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESEO FOUNDATION INC 1 COLLEGE CIR DOTY HALL 244 GENESEO, NY 14454	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,225
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEUKA COLLEGE ADVANCEMENT OFFICE PO BOX 98 KEUKA PARK, NY 14478	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
KEUKA COLLEGE ADVANCEMENT OFFICE PO BOX 98 KEUKA PARK, NY 14478	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
CAMP GOOD DAYS & SPECIAL TIMES INC PO BOX 665 MENDON, NY 14506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIP AMERICA INC 151 HYDE PARKWAY PALMYRA, NY 14522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LITTLE LEAGUE BASEBALL INC PO BOX 39 PENFIELD, NY 14526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EAGLE STAR HOUSING INC 330 FRANLEE LANE VICTOR, NY 14564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPSTATE NEW YORK FAMILIES FOR EFFEC 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UPSTATE NEW YORK FAMILIES FOR EFFEC 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ENTERPRISE COMMUNITY PARTNERS INC 183 EAST MAIN STREET ROCHESTER, NY 14604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRILLIUM HEALTH INC 259 MONROE AVE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,989
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 25 CIRCLE STREET SUITE 102 ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 25 CIRCLE STREET SUITE 102 ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER ACTION INC 255 ALEXANDER ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ROCHESTER SPEED SKATING TEAM INC 32 BERKELEY ST ROCHESTER, NY 14607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER SPEED SKATING TEAM INC 32 BERKELEY ST ROCHESTER, NY 14607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
NATIONAL CENTER FOR MISSING AND EXP 275 LAKE AVENUE ROCHESTER, NY 14608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF MERCY HIGH SCHOOL 1437 BLOSSOM RD ROCHESTER, NY 14610	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR TEEN EMPOWERMENT INC 392 GENESEE STREET ROCHESTER, NY 14611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE CENTER FOR TEEN EMPOWERMENT INC 392 GENESEE STREET ROCHESTER, NY 14611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	615
DRESS FOR SUCCESS ROCHESTER INC 47 STATE STREET ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS ROCHESTER INC 47 STATE STREET ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,114
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,946
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
NAZARETH COLLEGE OF ROCHESTER DEVELOPMENT OFFICE 4245 EAST AVENUE ROCHESTER, NY 14618	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAZARETH COLLEGE OF ROCHESTER DEVELOPMENT OFFICE 4245 EAST AVENUE ROCHESTER, NY 14618	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ST JOSEPHS NEIGHBORHOOD CENTER INC 417 SOUTH AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,471
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,036
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STARBRIDGE SERVICES INC 1650 SOUTH AVENUE SUITE 200 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,528
AMERICAN CANCER SOCIETY INC 1120 SOUTH GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,570
HILLSIDE CHILDRENS FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,038
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEIGHBORHOOD HOUSING SERVICES OF RO 570 SOUTH AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,005
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,761
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 SOUTH GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	386
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CRISIS PREGNANCY SERVICES INC 2024 W HENRIETTA RD SUITE 6D ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2320 BRIGHTON-HENRIETTA TOWN LINE ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER FOR SOUTH SUDAN INC PO BOX 25551 ROCHESTER, NY 14625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,667
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ROCHESTER PO BOX 278996 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ROCHESTER PO BOX 278996 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,125
UNIVERSITY OF ROCHESTER PO BOX 278996 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	63
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,813
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER B365 SAUNDERS RESEARCH BUILDING 265 CRITTENDEN BOULEVARD ROCHESTER, NY 14642	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF ROCHESTER B365 SAUNDERS RESEARCH BUILDING 265 CRITTENDEN BOULEVARD ROCHESTER, NY 14642	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,668
UNIVERSITY OF ROCHESTER B365 SAUNDERS RESEARCH BUILDING 265 CRITTENDEN BOULEVARD ROCHESTER, NY 14642	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,502
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAUTAUQUA REGION COMMUNITY FOUNDAT 418 SPRING ST JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHAUTAUQUA REGION COMMUNITY FOUNDAT 418 SPRING ST JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
COOPERATIVE EXTENSION ASSOCIATION I 3542 TURNER ROAD JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COMEDY CENTER INC 2 W 3RD ST JAMESTOWN, NY 14701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL COMEDY CENTER INC 2 W 3RD ST JAMESTOWN, NY 14701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12,995
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	85
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
CORNELL UNIVERSITY 130 EAST SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,150
UNITED WAY OF TOMPKINS COUNTY INC 313 N AURORA STREET ITHACA, NY 14850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750,000
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CORNING COMFORT CARE INC PO BOX 965 CORNING, NY 14870	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,195
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,095
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST BARNABAS CHARITIES INC 5850 MERIDIAN ROAD GIBSONIA, PA 15044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MCGUIRE MEMORIAL FOUNDATION 2119 MERCER ROAD NEW BRIGHTON, PA 15066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 1005 BEAVER GRADE RD STE 103 CORAOPOLIS, PA 15108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,425
BOYS HOPE GIRLS HOPE 1005 BEAVER GRADE RD STE 103 CORAOPOLIS, PA 15108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERATION TROOP APPRECIATION 1219 SCHWEITZER RD MCKEESPORT, PA 15135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVENUE PITTSBURGH, PA 15201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,975
PITTSBURGH BALLET THEATRE INC 2900 LIBERTY AVENUE PITTSBURGH, PA 15201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
NATIONAL KIDNEY FOUNDATION INC 2403 SIDNEY ST STE 230 PITTSBURGH, PA 15203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
HABITAT FOR HUMANITY OF GREATER PIT 6435 FRANKSTOWN AVE SUITE 100 PITTSBURGH, PA 15206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLIS SCHOOLTHE ELLIS SCHOOL PITTSBURGH, PA 15206	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
HAZELWOOD INITIATIVE INC 5344 2ND AVE PITTSBURGH, PA 15207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVE PITTSBURGH, PA 15207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVE PITTSBURGH, PA 15207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 416 LINCOLN AVENUE PITTSBURGH, PA 15209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ STREET PITTSBURGH, PA 15212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHIPPS CONSERVATORY AND BOTANICAL G 1 SCHENLEY PARK PITTSBURGH, PA 15213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CARNEGIE INSTITUTE 4400 FORBES AVE PITTSBURGH, PA 15213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
FAMILY HOUSE INC 5001 BAUM BLVD STE 545 PITTSBURGH, PA 15213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY HOUSE INC 5001 BAUM BLVD STE 545 PITTSBURGH, PA 15213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
OAKLAND CATHOLIC HIGH SCHOOL 144 NORTH CRAIG STREET PITTSBURGH, PA 15213	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
TRYING TOGETHER 5604 SOLWAY STREET PITTSBURGH, PA 15217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1133 SOUTH BRADDOCK AVENUE PITTSBURGH, PA 15218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC LANDMARKS BLDG 100 W STATION SQUARE DR STE 1900 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 301 GRANT STREET SUITE 900 PITTSBURGH, PA 15219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
WOUNDED WARRIOR PROJECT INC 301 GRANT STREET SUITE 900 PITTSBURGH, PA 15219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC LANDMARKS BLDG 100 W STATION SQUARE DR STE 1900 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMACHI PITTSBURGH 1830 FORBES AVENUE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH PROMISE FOUNDATION 1901 CENTRE AVENUE SUITE 204 PITTSBURGH, PA 15219	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
STOREHOUSE FOR TEACHERS 281 CORLISS STREET PITTSBURGH, PA 15220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
STOREHOUSE FOR TEACHERS 281 CORLISS STREET PITTSBURGH, PA 15220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEADERSHIP PITTSBURGH INC 650 SMITHFIELD STREET PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TRUMAN SCHOLARS ASSOCIATION 424 SAPPHIRE WAY PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PITTSBURGH 5150 CENTRE AVE UPMC CANCER PAVILLION STE 1B PITTSBURGH, PA 15232	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1501 REEDSDALE STREET SUITE 105 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1501 REEDSDALE STREET SUITE 105 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1501 REEDSDALE STREET SUITE 105 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,424
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MUSCULAR DYSTROPHY ASSOCIATION 400 PENN CENTER BOULEVARD SUITE 524 PITTSBURGH, PA 15235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 15239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 15239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	481
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 15239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	641
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 15239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUISE DE MARILLAC SCHOOL 320 MCMURRAY RD PITTSBURGH, PA 15241	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
ST LOUISE DE MARILLAC SCHOOL 320 MCMURRAY RD PITTSBURGH, PA 15241	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST LOUISE DE MARILLAC SCHOOL 320 MCMURRAY RD PITTSBURGH, PA 15241	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE126 FORT COUCH RD PITTSBURGH, PA 15241	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
THE RYR-1 FOUNDATIONPO BOX 13312 PITTSBURGH, PA 15243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
DUQUESNE UNIVERSITY OF THE HOLY SPI 406 ADMINISTRATION BUILDING PITTSBURGH, PA 15282	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 510 PELLIS RD STE 203 GREENSBURG, PA 15601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
GOODWILL HOSE COMPANY 1 OF LATROBE 1 MAIN STREET LATROBE, PA 15601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 510 PELLIS RD STE 203 GREENSBURG, PA 15601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 510 PELLIS RD STE 203 GREENSBURG, PA 15601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WESTMORELAND CHORAL SOCIETY 246 SOUTH MAIN STREET GREENSBURG, PA 15601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LOYALHANNA WATERSHED ASSOCIATION IN 6 OLD LINCOLN HIGHWAY WEST LIGONIER, PA 15658	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLIPPERY ROCK UNIVERSITY FOUNDATION 100 OLD MAIN 1 MORROW WAY SLIPPERY ROCK, PA 16057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SLIPPERY ROCK UNIVERSITY FOUNDATION 100 OLD MAIN 1 MORROW WAY SLIPPERY ROCK, PA 16057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILLOW WOMENS CENTERPO BOX 145 TRANSFER, PA 16154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW WOMENS CENTERPO BOX 145 TRANSFER, PA 16154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WILLOW WOMENS CENTERPO BOX 145 TRANSFER, PA 16154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WESTMINSTER COLLEGE DEVELOPMENT OFFICE OM 106 NEW WILMINGTON, PA 16172	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER COLLEGE DEVELOPMENT OFFICE OM 106 NEW WILMINGTON, PA 16172	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ARMSTRONG COUNTY COUNCIL ON ALCOHOL 200 OAK AVENUE KITTANNING, PA 16201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLARION UNIVERSIY FOUNDATION INC 840 WOOD STREET CLARION, PA 16214	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,100
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROJANS YOUTH ATHLETICS 6008 TUSCANY LANE FAIRVIEW, PA 16415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HARBOR CREEK YOUTH SERVICES 5712 IROQUOIS AVE HARBORCREEK, PA 16421	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
EDINBORO UNIVERSITY ALUMNI ASSOC 210 MEADVILLE STREET EDINBORO, PA 16444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS COUNCIL OF ERIE 23 WEST 10TH ST STE 2 ERIE, PA 16501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARTS COUNCIL OF ERIE 23 WEST 10TH ST STE 2 ERIE, PA 16501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER ERIE ALLIABCE FOR EQUALITY 301 W 10TH ST ERIE, PA 16502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERRY SQUARE ALLIANCE 504 MARGO COURT ERIE, PA 16505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTHWESTERN PENNSYLVANIA INDUSTRIA 8425 PEACH STREET ERIE, PA 16506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ERIE CONFERENCE ON COMMUNITY DEVELO 208 EAST BAYFRONT PARKWAY - SUITE 100 ERIE, PA 16507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE CONFERENCE ON COMMUNITY DEVELO 208 EAST BAYFRONT PARKWAY - SUITE 100 ERIE, PA 16507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ERIE CONFERENCE ON COMMUNITY DEVELO 208 EAST BAYFRONT PARKWAY - SUITE 100 ERIE, PA 16507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
HAMOT HEALTH FOUNDATION 302 FRENCH ST ERIE, PA 16507	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2115 W 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
AMERICAN CANCER SOCIETY INC 2115 W 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,661
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN CANCER SOCIETY INC 2115 W 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE CATHOLIC SCHOOL SYSTEM INC 1531 EAST GRANDVIEW BLVDSUITE 100 ERIE, PA 16509	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PARTNERSHIP FOR ERIES PUBLIC SCHOOL PO BOX 514 ERIE, PA 16512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	16,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,375
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	650
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	12,479
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	6,960
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	7,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	8,415
A SOLDIERS HANDS INC 2277 OAK LEAF DRIVE STATE COLLEGE, PA 16803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN FOUNDATION FOR SUICIDE PRE 117 GHANER DRIVE STATE COLLEGE, PA 16803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 117 GHANER DRIVE STATE COLLEGE, PA 16803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CENTRE COUNTY YOUTH SERVICE BUREAU 325 W AARON DR STATE COLLEGE, PA 16803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BELLEFONTE ART MUSEUM FOR CENTRE CO PO BOX 125 BELLEFONTE, PA 16823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS COME FIRST INC 2451 GENERAL POTTER HIGHWAY CENTRE HALL, PA 16828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 3009 MARKET STREET CAMP HILL, PA 17011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CENTRAL PA YOUTH BALLET 5 NORTH ORANGE STREET CARLISLE, PA 17013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN CANCER SOCIETY INC PO BOX 897 HERSEY, PA 17033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMYPO BOX 61798 HARRISBURG, PA 17106	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPLIFTING ATHLETES INCPO BOX 609 HARRISBURG, PA 17108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 3544 N PROGRESS AVE STE 204 HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
ALZHEIMERS DISEASE AND RELATED DISO 2595 INTERSTATE DRIVE SUITE 100 HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST CATHERINE LABOURE SCHOOL 4020 DERRY ST HARRISBURG, PA 17111	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4250 CRUM MILLS RD SUITE 100 HARRISBURG, PA 17112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 4250 CRUM MILLS RD SUITE 100 HARRISBURG, PA 17112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 4250 CRUM MILLS RD SUITE 100 HARRISBURG, PA 17112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA HERITAGE FOUNDATION 400 NORTH STREET HARRISBURG, PA 17120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PENNSYLVANIA HERITAGE FOUNDATION 400 NORTH STREET HARRISBURG, PA 17120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SWEET GRACE MINISTRIES 77 HORST AVENUE CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,275
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
TENNIS FOR KIDS 1738 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 724 SOUTH GEORGE ST YORK, PA 17401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PEQUEA VALLEY SD 166 S NEW HOLLAND RD KINZERS, PA 17535	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 706 ROTHSVILLE RD LITITZ, PA 17543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 706 ROTHSVILLE RD LITITZ, PA 17543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 706 ROTHSVILLE RD LITITZ, PA 17543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DIOCESE OF HARRISBURG 2427 MARIETTA AVENUE LANCASTER, PA 17601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CASA OF LANCASTER COUNTY INC 53 N DUKE ST STE 218 LANCASTER, PA 17602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER SCIENCE CENTER 454 NEW HOLLAND AVENUE LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CASA OF LANCASTER COUNTY INC 53 N DUKE ST STE 218 LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DEMUTH FOUNDATION 120 EAST KING STREET LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSETS LANCASTER 100 S QUEEN STREET LANCASTER, PA 17603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MILAGRO HOUSE 669 WEST CHESTNUT ST LANCASTER, PA 17603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF LANCASTER PO BOX 104 LANCASTER, PA 17608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1948 E 3RD ST WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FIRST COMMUNITY FOUNDATION PARTNERS 201 WEST FOURTH STREET WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,458
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,242
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,732
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,050
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,594
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
COMMUNITY ACTION COMMITTEE OF THE L 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY ACTION COMMITTEE OF THE L 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3893 ADLER PLACE SUITE 170 BETHLEHEM, PA 18017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LEADER LEHIGH VALLEYPO BOX 8777 ALLENTOWN, PA 18017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG WOMENS CHRISTIAN ASSOCIATION 3895 ADLER PLACE BUILDING A SUITE 180 BETHLEHEM, PA 18017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHERN LEHIGH PUBLIC LIBRARY ASSN 3200 PRESTON LANE CENTER VALLEY, PA 18034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	16,100
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ATHLIFE FOUNDATION INC 101 S THIRD STREET - SUITE 204 EASTON, PA 18042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHLIFE FOUNDATION INC 101 S THIRD STREET - SUITE 204 EASTON, PA 18042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
CENTRAL CATHOLIC HIGH SCHOOL 301 NORTH 4TH STREET ALLENTOWN, PA 18102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD REHABILITATION NETWOR 850 S 5TH ST ALLENTOWN, PA 18103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUHLENBERG COLLEGE 2400 WEST CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	825
MUHLENBERG COLLEGE 2400 WEST CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUHLENBERG COLLEGE 2400 WEST CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MUHLENBERG COLLEGE 2400 WEST CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,330
THE SALVATION ARMY 344 N 7TH STREET ALLENTOWN, PA 18105	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH VALLEY HOSPITALPO BOX 1883 ALLENTOWN, PA 18105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LEHIGH VALLEY HOSPITALPO BOX 1883 ALLENTOWN, PA 18105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
AMERICAN HEART ASSOCIATION INC 968 POSTAL ROAD SUITE 110 ALLENTOWN, PA 18109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 968 POSTAL ROAD SUITE 110 ALLENTOWN, PA 18109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BIG BROTHERS BIG SISTERS OF THE LEH 41 S CARLISLE STREET ALLENTOWN, PA 18109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	200
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON GROUND MINISTRIES INC 203 ROUTE 196 SUITE 104A TOBYHANNA, PA 18466	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,200
COMMON GROUND MINISTRIES INC 203 ROUTE 196 SUITE 104A TOBYHANNA, PA 18466	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
IN PURSUIT OF GRACEPO BOX 20165 SCRANTON, PA 18503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CLAREST PAUL ELEMENTARY SCHOOL 1527 PENN AVE SCRANTON, PA 18509	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF NORTHEASTERN 609 ASH ST SCRANTON, PA 18510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
ONE LIFE TO LIVE PET RESCUE AND ADO 1721 OLIVE ST SCRANTON, PA 18510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTARY ACTION CENTER OF NORTHEAS 829 JEFFERSON AVE SCRANTON, PA 18510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
UNITED NEIGHBORHOOD CENTERS OF NORT 777 KEYSTONE INDUSTRIAL PARK ROAD THROOP, PA 18512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 712 S KEYSER AVE TAYLOR, PA 18517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 712 S KEYSER AVE TAYLOR, PA 18517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTH BRANCH LAND TRUST 251 HUNTSVILLE-IDETOWN RD DALLAS, PA 18612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTHEASTERN PENNSYLVANIA EDUCATION 100 WVIA WAY PITTSTON, PA 18640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN PENNSYLVANIA EDUCATION 100 WVIA WAY PITTSTON, PA 18640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WEST PITTSTON LIBRARY ASSOCIATION 200 EXETER AVENUE WEST PITTSTON, PA 18643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
F M KIRBY CENTER FOR THR PERFORM IN 71 PUBLIC SQUARE WILKESBARRE, PA 18701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 303 MARKET STREET KINGSTON, PA 18704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 303 MARKET STREET KINGSTON, PA 18704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
KINGS COLLEGE133 N RIVER ST WILKES BARRE, PA 18711	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS COLLEGE133 N RIVER ST WILKES BARRE, PA 18711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALMOST HOME DOG RESCUE INC PO BOX 132 DOYLESTOWN, PA 18901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTRAL BUCKS ROTARY FOUNDATION INC PO BOX 1628 DOYLESTOWN, PA 18901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC PO BOX 2102 DOYLESTOWN, PA 18901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
KITTY JUNCTION INC 3808 SWETLAND DRIVE DOYLESTOWN, PA 18902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
KITTY JUNCTION INC 3808 SWETLAND DRIVE DOYLESTOWN, PA 18902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITTY JUNCTION INC 3808 SWETLAND DRIVE DOYLESTOWN, PA 18902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
KITTY JUNCTION INC 3808 SWETLAND DRIVE DOYLESTOWN, PA 18902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 18914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 18914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NETWORK OF VICTIM ASSISTANCE 2370 YORK ROAD B1 JAMISON, PA 18929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GEORGE SCHOOL PMB 4438 1690 NEWTOWN LANGHORNE ROAD NEWTOWN, PA 18940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE SCHOOL PMB 4438 1690 NEWTOWN LANGHORNE ROAD NEWTOWN, PA 18940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CAPLIN FAMILY CHARITIES INC 6097 EASTON ROAD PIPERSVILLE, PA 18947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KODIS CLUB INC230 COWPATH RD SOUDERTON, PA 18964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAGS RESCUE & REFERRAL PO BOX 1514 SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OFFICE OF CATHOLIC EDUCATION 655 YORK ROAD WARMINSTER, PA 18974	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
AJ FOUNDATION FOR CHILDREN WITH AUT PO BOX 234 WYCOMBE, PA 18980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AJ FOUNDATION FOR CHILDREN WITH AUT PO BOX 234 WYCOMBE, PA 18980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
PHILADELPHIA FREEDOM VALLEY YOUNG M 1325 MCKEAN ROAD AMBLER, PA 19002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
COMMUNITY AMBULANCE ASSOCIATION OF PO BOX 98 AMBLER, PA 19002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINDING YOUR MIND124 SIBLEY AVE ARDMORE, PA 19003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
LIVING BEYOND BREAST CANCER 40 MONUMENT RD SUITE 104 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSON COUNCIL 111 PRESIDENTIAL BLVD STE 250 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	685
CYSTIC FIBROSIS FOUNDATION 2004 SPROUL ROAD SUITE 208 BROOMALL, PA 19008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES IRWIN SCHOOL ITHAN AVENUE CONESTOGA ROAD ROSEMONT, PA 19010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	139
ROSEMONT COLLEGE OF THE HOLY CHILD 1400 MONTGOMERY AVENUE ROSEMONT, PA 19010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
AGNES IRWIN SCHOOL ITHAN AVENUE CONESTOGA ROAD ROSEMONT, PA 19010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES IRWIN SCHOOL ITHAN AVENUE CONESTOGA ROAD ROSEMONT, PA 19010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
AMATEUR ATHLETIC UNION OF THE UNITE 612 PORTLEDGE DRIVE BRYN MAWR, PA 19010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
THEVILLAGE FOUNDATION 452 SOUTH ROBERTS ROAD ROSEMONT, PA 19010	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2221 CHESTNUT STREET PHILADELPHIA, PA 19013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOLY GHOST PREP2429 BRISTOL PIKE BENSALEM, PA 19020	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
THE MONTESSORI SCHOOL 1701 JARRETTOWN ROAD DRESHER, PA 19025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MONTESSORI SCHOOL 1701 JARRETTOWN ROAD DRESHER, PA 19025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
DOPEACE 827 GLENSIDE AVE ADMIN BLDG A DRESHER, PA 19025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
GRATZ COLLEGE7605 OLD YORK ROAD MELROSE PARK, PA 19027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,902
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT SAINT JOSEPH ACADEMY 120 WEST WISSAHICKON AVENUE FLOURTOWN, PA 19031	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE PUBLIC SCHOOL OF GE PO BOX 287 FORT WASHINGTON, PA 19034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
UPPER DUBLIN HIGH SCHOOL PTO 800 LOCH ALSH AVE FORT WASHINGTON, PA 19034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER MERION LITTLE LEAGUE INC PO BOX 95 GLADWYNE, PA 19035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
LASALLE COLLEGE HIGH SCHOOL 8605 CHELTENHAM AVENUE WYNDMOOR, PA 19038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
LASALLE COLLEGE HIGH SCHOOL 8605 CHELTENHAM AVENUE WYNDMOOR, PA 19038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MU OMEGA FOUNDATION OF DELAWARE VAL PO BOX 1008 GLENSIDE, PA 19038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANCILLAE-ASSUMPTA ACADEMY 2025 CHURCH RD WYNCOTE, PA 19038	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,333
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAVERFORD SCHOOL 450 LANCASTER AVE HAVERFORD, PA 19041	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE HAVERFORD SCHOOL 450 LANCASTER AVE HAVERFORD, PA 19041	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
LUPUS FOUNDATION OF AMERICA PHILADE 101 GREENWOOD AVE SUITE 200 JENKINTOWN, PA 19046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABINGTON FRIENDS SCHOOL 575 WASHINGTON LANE JENKINTOWN, PA 19046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,000
LANGHORNE ATHLETIC ASSOCIATION 122 BARLEY COURT LANGHORNE, PA 19047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PENNSYLVANIA CITIZENS FOR BETTER LI 1080 EDGEWOOD ROAD YARDLEY, PA 19067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GREY NUN ACADEMY 1750 QUARRY ROAD YARDLEY, PA 19067	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL ACADEMY 1785 BISHOP WHITE DR NEWTOWN SQUARE, PA 19073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
EPISCOPAL ACADEMY 1785 BISHOP WHITE DR NEWTOWN SQUARE, PA 19073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
THE BARNSTORMERS WARD AND TOME STREETS PO BOX 12 RIDLEY PARK, PA 19078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY ROLLMAN OVARIAN CANCER FOUNDA 2010 W CHESTER PIKE SUITE 410 HAVERTOWN, PA 19083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ACADEMY OF NOTRE DAME DE NAMUR 560 SPROUL ROAD VILLANOVA, PA 19085	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ACADEMY OF NOTRE DAME DE NAMUR 560 SPROUL ROAD VILLANOVA, PA 19085	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF NOTRE DAME DE NAMUR 560 SPROUL ROAD VILLANOVA, PA 19085	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,685
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	22,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,950
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,300
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	16,364
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVEREUX FOUNDATION 444 DEVEREUX DR VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR ROAD SUITE 100 RADNOR, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,700
JUNIOR ACHIEVEMENT USA 994 OLD EAGLE SCHOOL RD SUITE 1014 WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR ROAD SUITE 100 RADNOR, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,569
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR ROAD SUITE 100 RADNOR, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 435 DEVON PARK DR BLDG 300 STE 300 WAYNE, NJ 19087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR ORPHANED ARMENIAN RELIE 150 N RADNOR CHESTER ROAD SUITE F200 RADNOR, PA 19087	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ST CHARLES BORROMEO SEMINARY 100 EAST WYNNEWOOD ROAD WYNNEWOOD, PA 19096	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ST CHARLES BORROMEO SEMINARY 100 EAST WYNNEWOOD ROAD WYNNEWOOD, PA 19096	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 1500 WALNUT ST SUITE 301 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
PHILADELPHIA FILM SOCIETY 1412 CHESTNUT ST PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PHILADELPHIA FILM SOCIETY 1412 CHESTNUT ST PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
NATIONAL KIDNEY FOUNDATION INC 1500 WALNUT ST SUITE 301 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,019
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 1500 WALNUT ST SUITE 301 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ENCORE SERIES INC 1518 WALNUT STREET SUITE 1706 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CAPE ELEUTHERA FOUNDATION INC 1430 WALNUT ST SUITE 200 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 1500 WALNUT ST SUITE 301 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	870
NATIONAL KIDNEY FOUNDATION INC 1500 WALNUT ST SUITE 301 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
ANTI-DEFAMATION LEAGUE 1500 MARKET STREET SUITE 2415 WEST TOWER PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET STE 712 PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET STE 712 PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INIS NUA THEATRE COMPANY 1700 SANSOM ST SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE FUND FOR THE SCHOOL DISTRICT OF 30 SOUTH 17TH ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOMING CENTER FOR NEW PENNSYLVAN ONE PENN CENTER SUITE 555 1617 JOHN F KENNEDY BOULEVARD PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	269
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
BUNKER LABS NFP INC 1608 WALNUT STREET 12TH FLOOR PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOMING CENTER FOR NEW PENNSYLVAN ONE PENN CENTER SUITE 555 1617 JOHN F KENNEDY BOULEVARD PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BUNKER LABS NFP INC 1608 WALNUT STREET 12TH FLOOR PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	795
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FAIRMOUNT PARK CONSERVANCY 1617 JOHN F KENNEDY BLVD SUITE 1670 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN INSTITUTE 222 NORTH 20TH STREET PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,000
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES APPEAL OF THE AR 222 NORTH 17TH STREET PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JON BON JOVI SOUL FOUNDATION 1600 MARKET STREET SUITE 2600 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRMOUNT PARK CONSERVANCY 1617 JOHN F KENNEDY BLVD SUITE 1670 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46,500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
REINVESTMENT FUND INC 1700 MARKET STREET - 19TH FLOOR PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1626 LOCUST ST PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
NATIONAL MULTIPLE SCLEROSIS SOCIETY 30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE WELL FOUNDATION 250 S 17TH STREET 1400 PHILADELPHIA, PA 19103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
KORESH DANCE COMPANY 2002 RITTENHOUSE SQ PHILADELPHIA, PA 19103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WOMEN INTERNATIONAL LEADERS OF GREA 1901 JFK BLVD 1208 PHILADELPHIA, PA 19103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300-GAAR PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
DREXEL UNIVERSITY 3141 CHESTNUT STREET ROOM 310 PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF THE UNIVERSITY OF PENNS 3800 SPRUCE STREET SUITE 172E PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,175
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	425
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ZOOLOGICAL SOCIETY OF PHILADELPHIA 3400 WEST GIRARD AVENUE PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR RELATIONSHIPS INC 4025 CHESTNUT STREET FIRST FLOOR PHILADELPHIA, PA 19104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
THOMAS JEFFERSON UNIVERSITY HOSPITA 125 S 9TH STREET SUITE 600 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
NATIONAL CENTER FOR THE AMERICAN RE 101 S THIRD STREET PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDEPENDENCE VISTOR CENTER CORPORAT 599 MARKET STREET 1 N INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE PHILADELPHIA EDUCATION FUND 718 ARCH ST SUITE 700N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110,000
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR THE AMERICAN RE 101 S THIRD STREET PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ARDEN THEATRE COMPANY 40 N 2ND STREET PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
ARDEN THEATRE COMPANY 40 N 2ND STREET PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTREPRENEUR WORKS FUND 400 MARKET STREET SUITE 210 PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
OPPORTUNITY FINANCE NETWORK 620 CHESTNUT STREET SUITE 572 PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ENTREPRENEUR WORKS FUND 400 MARKET STREET SUITE 210 PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY INTERPAROCHIAL SCHOOL FIFTH LOCUST STREETS PHILADELPHIA, PA 19106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	110
ST MARY INTERPAROCHIAL SCHOOL FIFTH LOCUST STREETS PHILADELPHIA, PA 19106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ASIAN ARTS INITIATIVE 1219 VINE STREET PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA YOUNG PLAYWRIGHTS 1219 VINE STREET 3RD FL PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET NINTH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
CITY YEAR INC 211 NORTH 13TH STREET SUITE 100 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN ARTS INITIATIVE 1219 VINE STREET PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 125 SOUTH 9TH ST SUITE 202 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
PHILADELPHIA ASSOCIATION OF COMMUNI 1315 WALNUT STREET SUITE 1600 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PEACE TRAIN INC 251 S 13TH STREET PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 125 SOUTH 9TH ST SUITE 202 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALNUT STREET THEATRE CORP 825 WALNUT STREET-2ND FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD ST STE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BACK ON MY FEET 100 SOUTH BROAD STREET SUITE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN AGAINST ABUSE INC 100 SOUTH BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BACK ON MY FEET 100 SOUTH BROAD STREET SUITE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PENNSYLVANIA BALLET ASSOCIATION 100 SOUTH BROAD STREET SUITE 2226 PHILADELPHIA, PA 19110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUV-N-BUNNS8630 BLOOMFIELD AVE PHILADELPHIA, PA 19115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CHESNUT HILL COLLEGE OF THE SISTERS 9601 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SPRINGSIDE CHESTNUT HILL ACADEMY 500 WEST WILLOW GROVE AVENUE PHILADELPHIA, PA 19118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WISSAHICKON INC 40 W EVERGREEN AVENUE SUITE 108 PHILADELPHIA, PA 19118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE WISSAHICKON INC 40 W EVERGREEN AVENUE SUITE 108 PHILADELPHIA, PA 19118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE WISSAHICKON INC 40 W EVERGREEN AVENUE SUITE 108 PHILADELPHIA, PA 19118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NATION BAPTIST CHURCH 2925 RIDGE AVENUE PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG PICTURE PHILADELPHIA 2300 W MASTER STREET PHILADELPHIA, PA 19121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET/TASB PHILADELPHIA, PA 19122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET/TASB PHILADELPHIA, PA 19122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANTA1301 N 2ND ST PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
TEACH FOR AMERICA INC 100 WEST OXFORD STREET SUITE E-3000 PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAVED ME INC560 NORTH 3RD STREET PHILADELPHIA, PA 19123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TECH IMPACT 417 N 8TH STREET SUITE 203 PHILADELPHIA, PA 19123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TRANSPLANT HOUSE 401 CALLOWHILL STREET PHILADELPHIA, PA 19123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
SAVED ME INC560 NORTH 3RD STREET PHILADELPHIA, PA 19123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSPLANT HOUSE 401 CALLOWHILL STREET PHILADELPHIA, PA 19123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW KENSINGTON COMMUNITY DEVELOPMEN 2515 FRANKFORD AVENUE PHILADELPHIA, PA 19125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LISAS ARMY INC 8945 RIDGE AVE UNIT 8 PHILADELPHIA, PA 19128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREXEL UNIVERSITY 2900 WEST QUEEN LANE K WING PHILADELPHIA, PA 19129	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
BARNES FOUNDATION 2025 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TIDES CENTER846 N BROAD ST PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ST JOSEPH'S PREPARATORY SCHOOL 1733 W GIRARD AVENUE PHILADELPHIA, PA 19130	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,949
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37,500
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ACHIEVEABILITY21 S 61ST ST PHILADELPHIA, PA 19139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE CENTER 4548 MARKET STREET PHILADELPHIA, PA 19139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
SHRINERS HOSPITALS FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
SQUASH SMARTS INC3890 N 10TH ST PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA MONTESSORI CHARTER SCH 2227 ISLAND AVE PHILADELPHIA, PA 19142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COMMONWEALTH YOUTH CHOIRS 35 W CHELTEN AVENUE PHILADELPHIA, PA 19144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EAGLES AUTISM CHALLENGE INC 1 NOVACARE WAY PHILADELPHIA, PA 19145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLES AUTISM CHALLENGE INC 1 NOVACARE WAY PHILADELPHIA, PA 19145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JOUNCE PARTNERS INC 2226 LOMBARD ST PHILADELPHIA, PA 19146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JOUNCE PARTNERS INC 2226 LOMBARD ST PHILADELPHIA, PA 19146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAZZONI CENTER 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ED SNIDER YOUTH HOCKEY FOUNDATION 3601 S BROAD ST PHILADELPHIA, PA 19148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
WEST FALLOWFIELD CHRISTIAN SCHOOL PO BOX 279 ATGLEN, PA 19310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST FALLOWFIELD CHRISTIAN SCHOOL PO BOX 279 ATGLEN, PA 19310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BRANDYWINE CONSERVANCY & MUSEUM OF PO BOX 141 CHADDS FORD, PA 19317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY INTERNATIONAL 1847 EAST LINCOLN HIGHWAY COATESVILLE, PA 19320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1847 EAST LINCOLN HIGHWAY COATESVILLE, PA 19320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DEVON PREPARATORY SCHOOL 363 VALLEY FORGE ROAD DEVON, PA 19333	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FRIEDREICHS ATAXIA RESEARCH ALLIANC 533 W UWCHLAN AVE DOWNINGTON, PA 19335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIEDREICHS ATAXIA RESEARCH ALLIANC 533 W UWCHLAN AVE DOWNINGTON, PA 19335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIEDREICHS ATAXIA RESEARCH ALLIANC 533 W UWCHLAN AVE DOWNINGTON, PA 19335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATA UNIVERSITY 1145 KING ROAD VILLA MARIA 243 IMMACULATA, PA 19345	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TREETOPS ANIMAL RESCUE 305 W STATE ST UNIT 3 KENNETT SQUARE, PA 19348	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TREETOPS ANIMAL RESCUE 305 W STATE ST UNIT 3 KENNETT SQUARE, PA 19348	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLA MARIA ACADEMY 370 CENTRAL AVE MALVERN, PA 19355	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MALVERN PREPARATORY SCHOOL 418 SOUTH WARREN AVENUE MALVERN, PA 19355	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BETHANY CHRISTIAN SCHOOL INC 1137 SHADYSIDE ROAD OXFORD, PA 19363	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHANY CHRISTIAN SCHOOL INC 1137 SHADYSIDE ROAD OXFORD, PA 19363	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
COATESVILLE PARENTS MUSIC CLUB INC PO BOX 72082 THORNDALE, PA 19372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHESTER COUNTY HISTORICAL SOCIETY 225 NORTH HIGH STREET WEST CHESTER, PA 19380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HELICOPTER MUSEUM & EDUCAT 1220 AMERICAN BOULEVARD WEST CHESTER, PA 19380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WEST CHESTER UNIVERSITY FOUNDATION PO BOX 541 WEST CHESTER, PA 19381	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	120
VOLUNTEER ENGLISH PROGRAM IN CHESTE 790 E MARKET STREET SUITE 215 WEST CHESTER, PA 19382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST CHESTER FOOD CUPBOARD 431 SOUTH BOLMAR ST WEST CHESTER, PA 19382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SS SIMON & JUDE SCHOOL 6 CAVANAUGH COURT WEST CHESTER, PA 19382	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
MOBILIZATION FOR ANIMALS PENNSYLVAN 103 CHURCH ROAD NORRISTOWN, PA 19403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 533 FOUNDRY RD NORRISTOWN, PA 19403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PHILADELPHIA SCHOLASTIC ROWING ASSO PO BOX 60641 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSMANIA UNIVERSITY ALUMNI ASSOCIATI 2427 COPPER CREEK ROAD CHESTER SPRINGS, PA 19425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	929
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
CRADLES TO CRAYONS INC 30 CLIPPER ROAD W CONSHOHOCKEN, PA 19428	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PHILADELPHIA FREEDOM VALLEY YOUNG M 400 FAYETTE ST 250 CONSHOHOCKEN, PA 19428	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIMBERTON FARMS SCHOOL INC PO BOX 350 KIMBERTON, PA 19442	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CICATRICIAL ALOPECIA RESEARCH FOUND PO BOX 1322 KULPSVILLE, PA 19443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN LUNG ASSOCIATION 527 PLYMOUTH ROAD SUITE 415 PLYMOUTH MEETING, PA 19462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 527 PLYMOUTH ROAD SUITE 415 PLYMOUTH MEETING, PA 19462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	131
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,730
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,950
WYNDCROFT SCHOOL1395 WILSON ST POTTSTOWN, PA 19464	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYNDCROFT SCHOOL1395 WILSON ST POTTSTOWN, PA 19464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ONE WISH FOUNDATION 85 KIM WINONA CT FLEETWOOD, PA 19522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ONE WISH FOUNDATION 85 KIM WINONA CT FLEETWOOD, PA 19522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE WISH FOUNDATION 85 KIM WINONA CT FLEETWOOD, PA 19522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ONE WISH FOUNDATION 85 KIM WINONA CT FLEETWOOD, PA 19522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WEISENBERG VOLUNTEER FIRE DEPARTMEN PO BOX 51 KUTZTOWN, PA 19530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAW ENFORCEMENT UNITED INC PO BOX 102 LYON STATION, PA 19536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LAW ENFORCEMENT UNITED INC PO BOX 102 LYON STATION, PA 19536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
RICHARD J CARON FOUNDATION PO BOX 150 GALEN HALL ROAD WERNERSVILLE, PA 19565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARD J CARON FOUNDATION PO BOX 150 GALEN HALL ROAD WERNERSVILLE, PA 19565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
BERKS COUNTY COMMUNITY FOUNDATION I 237 COURT ST READING, PA 19601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST FRANCIS HOME144 HILLSIDE DR SHILLINGTON, PA 19607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKS NATURE 575 ST BERNARDINE STREET READING, PA 19607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WYOMISSING AREA EDUCATION FOUNDATIO 630 EVANS AVE WYOMISSING, PA 19610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIRLS ON THE RUN OF BERKS COUNTY 313 SOUTH 3RD AVENUE WEST READING, PA 19611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART GRADE SCHOOL 701 FRANKLIN ST WEST READING, PA 19611	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SACRED HEART GRADE SCHOOL 701 FRANKLIN ST WEST READING, PA 19611	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ELIZABETH ANN SETON ROMAN 345 BEAR-CHRISTIANA ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
ABLEARTS INCPO BOX 413 BEAR, DE 19701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED LION CHRISTIAN ACADEMY 1390 RED LION ROAD BEAR, DE 19701	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
DELAWARE PANTHERS BASKETBALL CLUB 5 GREEN COURT NEWARK, DE 19702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAYS FOUNDATION 560 PEOPLES PLAZA 111 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
KAYS FOUNDATION 560 PEOPLES PLAZA 111 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE COBRAS INC 560 PEOPLES PLAZA 193 NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,590
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GLASGOW HIGH SCHOOL 1901 SOUTH COLLEGE AVENUE NEWARK, DE 19702	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	350
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMOLAY INTERNATIONALPO BOX 57 DELAWARE CITY, DE 19706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE CITY FIRE CO NUMBER ONE IN PO BOX 251 DELAWARE CITY, DE 19706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEARCE Q FOUNDATION 7209 LANCASTER PIKE SUITE 4 227 HOCKESSIN, DE 19707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INCPO BOX 888 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,985
SANFORD SCHOOL INCPO BOX 888 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,775
SANFORD SCHOOL INCPO BOX 888 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INCPO BOX 888 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
SUPPORTING KIDDS INCPO BOX 1004 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUPPORTING KIDDS INCPO BOX 1004 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE OF DELAWARE 7259 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUPPORTING KIDDS INCPO BOX 1004 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUPPORTING KIDDS INCPO BOX 1004 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE PUPPY RESCUEPO BOX 4 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUPPORTING KIDDS INCPO BOX 1004 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	302
DELAWARE CHINESE AMERICAN ASSOCIATI PO BOX 490 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT LITTLE LEAGUE INC PO BOX 425 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
RENEES RESCUES INCORPORATED PO BOX 1297 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PIEDMONT LITTLE LEAGUE INC PO BOX 425 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENEES RESCUES INCORPORATED PO BOX 1297 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
RENEES RESCUES INCORPORATED PO BOX 1297 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RENEES RESCUES INCORPORATED PO BOX 1297 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH STAR ELEMENTARY SCHOOL 1340 LITTLE BALTIMORE ROAD HOCKESSIN, DE 19707	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HOCKESSIN UNITED METHODIST CHURCH 7250 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,200
DELAWARE ELITE TRACK CLUB PO BOX 117 KIRKWOOD, DE 19708	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ROCKETS INC 1581 EAST MATISSE DRIVE MIDDLETOWN, DE 19709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
M O T YOUTH FOOTBALL & CHEERLEADING 813 WEST CREEK LANE MIDDLETOWN, DE 19709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
APPOQUINIMINK HIGH SCHOOL 1080 BUNKER HILL RD MIDDLETOWN, DE 19709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPOQUINIMINK HIGH SCHOOL 1080 BUNKER HILL RD MIDDLETOWN, DE 19709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ST JOHNS R C CHURCH 82 POSSUM PARK ROAD NEWARK, DE 19711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
DELAWARE RESTAURANT ASSOCIATION EDU 500 CREEK VIEW ROAD SUITE 103 NEWARK, DE 19711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLABORATIVE EFFORT TO REINFORCE T 1501 CASHO MILL ROAD NEWARK, DE 19711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 2600 KIRKWOOD HIGHWAY NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 2600 KIRKWOOD HIGHWAY NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INDEPENDENCE SCHOOL 1300 PAPER MILL ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,925
THE INDEPENDENCE SCHOOL 1300 PAPER MILL ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY ANGELS ELEMENTARY SCHOOL 82 POSSUM PARK ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INDEPENDENCE SCHOOL 1300 PAPER MILL ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HOLY ANGELS ELEMENTARY SCHOOL 82 POSSUM PARK ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
NEWARK CHARTER SCHOOL 2001 PATRIOT WAY NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
OGLETOWN BAPTIST CHURCH 316 REDMILL ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
AMERICAN HEART ASSOCIATION INC 200 CONTINENTAL DRIVE SUITE 101 NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK SENIOR CENTER INC 200 WHITE CHAPEL DR NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN HEART ASSOCIATION INC 200 CONTINENTAL DRIVE SUITE 101 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	615
AMERICAN HEART ASSOCIATION INC 200 CONTINENTAL DRIVE SUITE 101 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 200 CONTINENTAL DRIVE SUITE 101 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	595
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	81,200
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,725
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
DELAWARE JUNIOR BLUE HENS ICE HOCKE PO BOX 7825 NEWARK, DE 19714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET-ASSISTED VISITATION VOLUNTEER S PO BOX 9955 NEWARK, DE 19714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELAWARE COUNCIL ON ECONOMIC EDUCAT PO BOX 885 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELAWARE COUNCIL ON ECONOMIC EDUCAT PO BOX 885 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNCIL ON ECONOMIC EDUCAT PO BOX 885 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
DELAWARE COUNCIL ON ECONOMIC EDUCAT PO BOX 885 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,800
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,770
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	837
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,717
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI ASSOCIATION OF THE UNIVERSIT 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALUMNI ASSOCIATION OF THE UNIVERSIT 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YEAR UP INC WILMINGTON UNIVERSITY 320 NORTH DUPONT HIGHWAY THE GREEN 303 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC WILMINGTON UNIVERSITY 320 NORTH DUPONT HIGHWAY THE GREEN 303 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
CHRISTIANA CARE HEALTH SERVICES INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHRISTIANA CARE HEALTH SERVICES INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH STREET NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOOD-WILL FIRE COMPANY NO 1 OF 401 SOUTH STREET NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH STREET NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 WILMINGTON, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 19720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DELAWARE COLLEGE OF ART AND DESIGN 600 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF DELAWARE100 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,325
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION OF DELAWA 100 W 10TH ST STE 600 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ST PATRICKS CENTER INC 107 E 14TH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE PROSPERITY PARTNERSHIP INC 1201 N ORANGE ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
AIDS DELAWARE INC 100 W 10TH ST STE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
KALMAR NYCKEL FOUNDATION 1124 EAST 7TH STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ST PATRICKS CENTER INC 107 E 14TH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 1313 N MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TECH IMPACT 100 W 10TH ST SUITE 1007 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TEENSHARP1200 FRENCH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STATE BALLET THEATRE INC 818 MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS BEACH HOUSE INC 100 WEST 10TH STREET SUITE 411 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FIRST STATE BALLET THEATRE INC 818 N MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WILMINGTON YOUTH ROWING ASSOCIATION 500 EAST FRONT STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS BEACH HOUSE INC 100 WEST 10TH STREET SUITE 411 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
MENTAL HEALTH ASSOCIATION OF DELAWA 100 W 10TH ST STE 600 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH ST STE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,082
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
WILMINGTON RENAISSANCE CORPORATION 100 W 10TH STREET SUITE 206 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH ST STE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	409
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF ST VINCENT DE PAUL COUNC 1414 N KING STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AIDS DELAWARE INC 100 W 10TH ST STE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
JDRF INTERNATIONAL 100 WEST 10TH STREET SUITE 1103 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC 110 N POPLAR ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 W 10TH ST STE 1100 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 W 10TH ST STE 1100 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
DELAWARE SYMPHONY ASSOCIATION 100 WEST 10TH STREET SUITE 1003 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,141
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 W 11TH ST WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELAWARE SYMPHONY ASSOCIATION 100 WEST 10TH STREET SUITE 1003 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
OPERA DELAWARE INC 4 SOUTH POPLAR ST WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1313 N MARKET ST STE 140A WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CONGREGATION BETH EMETH 300 WEST LEA BOULEVARD WILMINGTON, DE 19802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
URBANPROMISE MINISTRIES WILMINGTON 2401 THATCHER ST WILMINGTON, DE 19802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYFEST INC2606 N VAN BUREN ST WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WILMINGTON HOPE COMMISSION 38 VANDEVER AVE WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PARENTS WITH INCARCERATED CHILDREN 2504 NORTH MADISON STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN DELAWARE INC 615 WEST 18TH STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRLS ON THE RUN DELAWARE INC 615 WEST 18TH STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57,500
CITYFEST INC2606 N VAN BUREN ST WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL INC 913 WILSON ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	520
DIOCESAN COUNCIL INC 913 WILSON ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WIDENER UNIVERSITY 4601 CONCORD PIKE WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON FRIENDS SCHOOL INC 101 SCHOOL RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
WILMINGTON FRIENDS SCHOOL INC 101 SCHOOL RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	527
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ANDREW MCDONOUGH B POSITIVE FOUNDAT 101 ROCKLAND CIR WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,080
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANDREW MCDONOUGH B POSITIVE FOUNDAT 101 ROCKLAND CIR WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,015
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 101 ROCKLAND CIR WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,105
THE BERNARD AND RUTH SIEGEL JEWISH 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANDREW MCDONOUGH B POSITIVE FOUNDAT 101 ROCKLAND CIR WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 101 ROCKLAND CIR WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,330
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF DELAWARE INC 101 GARDEN OF EDEN RD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FEDERATION OF DELAWARE INC 101 GARDEN OF EDEN RD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TOASTMASTERS INTERNATIONAL 1803 GRAYWELL ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
TOASTMASTERS INTERNATIONAL 1803 GRAYWELL ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 3 MOUNT LEBANON ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF DELAWARE INC 101 GARDEN OF EDEN RD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,550
PTA DELAWARE CONGRESS 412 FOULK ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ST MARY MAGDALEN SCHOOL 9 SHARPLEY ROAD WILMINGTON, DE 19803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE MILITARY ACADEMY INC 112 MIDDLEBORO ROAD WILMINGTON, DE 19804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
ALZHEIMERS DISEASE AND RELATED DISO 240 N JAMES STREET SUITE 100 A NEWPORT, DE 19804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF DELAWAR 413 LARCH CIRCLE WILMINGTON, DE 19804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF DELAWAR 413 LARCH CIRCLE WILMINGTON, DE 19804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
EPILEPSY FOUNDATION OF DELAWARE 240 N JAMES STREET SUITE 104 NEWPORT, DE 19804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
ALZHEIMERS DISEASE AND RELATED DISO 240 N JAMES STREET SUITE 100 A NEWPORT, DE 19804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE ARC OF DELAWARE INC 2 SOUTH AUGUSTINE STREET SUITE B WILMINGTON, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CONFERENCE OF CATHOLI 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTIONS COMMUNITY SUPPORT PROGR 3821 LANCASTER PIKE WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
MOMS HOUSE INC 1718 HOWLAND STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE COMMUNITY REINVESTMENT ACT 600 SOUTH HARRISON STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY COUNSELING CENTER OF ST PAUL 301 N VAN BUREN ST WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BOYS AND GIRLS CLUB OF DELAWARE INC 669 SOUTH UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
ALL SAINTS CATHOLIC SCHOOL 907 NEW RD WILMINGTON, DE 19805	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODYSSEY CHARTER SCHOOL 4319 LANCASTER PIKE WILMINGTON, DE 19805	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,200
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	575
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE MUSEUM OF NATURAL HISTORY PO BOX 3937 WILMINGTON, DE 19807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CAMP POSSIBILITIES FOUNDATION PO BOX 4411 WILMINGTON, DE 19807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALLOWAY (CAB) SCHOOL OF THE ARTS 100 N DUPONT RD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALLOWAY (CAB) SCHOOL OF THE ARTS 100 N DUPONT RD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CALLOWAY (CAB) SCHOOL OF THE ARTS 100 N DUPONT RD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GOLDEY BEACOM COLLEGE INC 4701 LIMESTONE ROAD WILMINGTON, DE 19808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEY BEACOM COLLEGE INC 4701 LIMESTONE ROAD WILMINGTON, DE 19808	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OPEN NET FOUNDATIONPO BOX 5355 WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PTA DELAWARE CONGRESS 3415 SKYLINE DR WILMINGTON, DE 19808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA DELAWARE CONGRESS 3415 SKYLINE DR WILMINGTON, DE 19808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,100
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	276
CHILD INCCHILD INC WILMINGTON, DE 19809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
ST HELENA'S CHURCH - PARISH SOCIAL 602 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELENA'S CHURCH - PARISH SOCIAL 602 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
ST EDMONDS ACADEMY INC 2120 VEALE RD WILMINGTON, DE 19810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST EDMOND'S ACADEMY 2120 VEALE ROAD WILMINGTON, DE 19810	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDMOND'S ACADEMY 2120 VEALE ROAD WILMINGTON, DE 19810	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
CONCORD HIGH SCHOOL 2501 EBRIGHT ROAD WILMINGTON, DE 19810	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 400 NORTH ORANGE STREET WILMINGTON, DE 19899	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 400 NORTH ORANGE STREET WILMINGTON, DE 19899	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 400 NORTH ORANGE STREET WILMINGTON, DE 19899	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
DELAWARE COMMUNITY FOUNDATION P O BOX 1636 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL BAPTIST COMMUNITY DEVELOPME INTER-NEIGHBORHOOD COMMUNITY BUILDERS WILMINGTON, DE 19899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36,300
URBAN BIKE PROJECT OF WILMINGTONINC PO BOX 729 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY611 FOREST ST DOVER, DE 19903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE TECHNICAL & COMMUNITY COLL PO BOX 897 DOVER, DE 19903	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	35,000
SHEPHERD PLACE INC 1362 SOUTH GOVERNORS AVENUE DOVER, DE 19904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
POP WARNER LITTLE SCHOLARS INC 129 S LONGWOOD LANE CLAYTON, DE 19938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA ESPERANZA INC216 N RACE STREET GEORGETOWN, DE 19947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MISS DELAWARE PAGEANT INC 22267 PARADISE ROAD GEORGETOWN, DE 19947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JOSHUA M FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMYRNA MAIN STREET ASSOCIATION PO BOX 163 SMYRNA, DE 19977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN LEGION AMBULANCE STATION 6 900 SMYRNA-CLAYTON BLVD SMYRNA, DE 19977	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SMYRNA CHRISTIAN SCHOOL 1630 JOE GOLDSBOROUGH RD SMYRNA, DE 19977	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	340
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,100
AMERICAN FOUNDATION FOR SUICIDE PRE 440 FIRST STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION FOR AMERICAN IMMIGRATION 25 MASSACHUSETTS AVE NW SUITE 330 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,690
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 440 FIRST STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATIONAL TAXPAYERS UNION FOUNDATION 122 C STREET NW SUITE 650 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
DC CENTRAL KITCHEN INC 425 SECOND ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BRIGHT BEGINNINGS INC 128 M STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
AMERICAN FOUNDATION FOR SUICIDE PRE 440 FIRST STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRIGHT BEGINNINGS INC 128 M STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LATINO ECONOMIC DEVELOPMENT CORPORA 641 S STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AMERICAN INDIAN HOUSING CO 122 C STREET NW SUITE 350 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	419
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE LAB733 8TH STREET NW WASHINGTON, DC 20001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BRADY CENTER TO PREVENT GUN VIOLENC 840 1ST ST STE 2500 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HORTONS KIDS INC 100 MARYLAND AVENUE NE SUITE 520 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAYS TO HOUSING DC 101 Q STREET NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
REBUILDING TOGETHER INC 999 N CAPITOL ST NE SUITE 701 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LIFT INC 999 NORTH CAPITOL ST NE SUITE 310 WASHINGTON DC 20002 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADY CENTER TO PREVENT GUN VIOLENC 840 1ST ST STE 2500 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
NATIONAL BONSAI FOUNDATION INCORPOR 3501 NEW YORK AVENUE NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATONGA FOUNDATION 1140 3RD STREET NE WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LIFT INC 999 NORTH CAPITOL ST NE SUITE 310 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
WORLD RESOURCES INSTITUTE 10 G STREET NE SUITE 800 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC 999 NORTH CAPITOL ST NE SUITE 310 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
REBUILDING TOGETHER INC 999 N CAPITOL ST NE SUITE 701 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
HOUSING ASSOCIATION OF NONPROFIT DE PO BOX 48386 WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERAL CITY PERFORMING ARTS ASSOCI 1140 3RD ST NE 2ND FLOOR WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,667
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
HOUSING ASSOCIATION OF NONPROFIT DE PO BOX 48386 WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,085
AMARA LEGAL CENTER INC PO BOX 15255 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GROUNDSWELL INC C/O WEWORK 80 M ST SE WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
TIGER WOODS FOUNDATION INC 975 F STREET SUITE 1050 WASHINGTON, DC 20004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER WOODS FOUNDATION INC 975 F STREET SUITE 1050 WASHINGTON, DC 20004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
THE POSSE FOUNDATION INC 1319 F STREET NW SUITE 604 WASHINGTON, DC 20004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WOOLLY MAMMOTH THEATRE CO 641 D STREET NW WASHINGTON, DC 20004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME BUILDERS INSTITUTE 1201 15TH STREET NW 6TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
AMERICAN NEAR EAST REFUGEE AID INC 1111 14TH STREET NW 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICANS UNITED FOR SEPARATION OF 1301 L STREET NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
BECKY LEE WOMENS SUPPORT FUND 5 THOMAS CIRCLE NW 4TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR SCIENCE IN THE PUBLIC IN 1220 L ST SUITE 300 NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
FAMILIES AGAINST MANDATORY MINIMUMS 1100 H STREET NW SUITE 1000 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MELANOMA RESEARCH FOUNDATION 1411 K ST NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 1120 G STREET NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COMMON CAUSE EDUCATION FUND 805 15TH STREET NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
MELANOMA RESEARCH FOUNDATION 1411 K ST NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,960
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPERITY NOW 1200 G STREET NW SUITE 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
WOUNDED WARRIOR PROJECT INC 1120 G STREET NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COMMUNITY REINVESTMENT COA 740 15TH STREET NW SUITE 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOMEOWNERSHIP PRESERVATION FOUNDATI 1030 15TH STREET NW SUITE 460 WEST WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CAPITAL PARTNERS FOR EDUCATION 1413 K STREET NW THIRD FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EVERYBODY WINS D C INC 1420 NEW YORK AVE NW SUITE 650 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PROSPERITY NOW 1200 G STREET NW SUITE 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	423
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MELANOMA RESEARCH FOUNDATION 1411 K ST NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH ST NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING ASSISTANCE COUNCIL 1025 VERMONT AVENUE NW SUITE 606 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
METRO IAF INC1226 VERMONT AVE NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AYUDA1413 K ST NW FIFTH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR SCIENCE IN THE PUBLIC IN 1220 L ST SUITE 300 NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
DC SCORES 1140 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MELANOMA RESEARCH FOUNDATION 1411 K ST NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH ST NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SERVICE WOMENS ACTION NETWORK 1015 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOUNDED WARRIOR PROJECT INC 1120 G STREET NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	59
COALITION FOR NONPROFIT HOUSING AND 727 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
STUDENT VETERANS OF AMERICA 1012 14TH STREET NORTHWEST WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NEAR EAST REFUGEE AID INC 1111 14TH STREET NW 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH ST NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
BROADFUTURES INC 2013 H STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,250
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
THE NAPABA LAW FOUNDATION 1612 K STREET NW SUITE 1400 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	394
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL WOMENS MEDIA FOUNDATI 1625 K STREET NW SUITE 1275 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NATIONS FOUNDATION INC 1750 PENNSYLVANIA AVENUE NW STE 300 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOUNDATION FOR ART AND PRESERVATION 1725 I STREET NW SUITE 300 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,688
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
AUTISM SPEAKS INC 1990 K STREET NW SECOND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,782
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DISABILITY INSTITUTE INC 1667 K STREET NW SUITE 480 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
UNITED STATES CONFERENCE OF MAYORS 1620 EYE STREET NW 4TH FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225,000
CONSUMER FEDERATION OF AMERICA INC 1620 I STREET NW SUITE 200 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
EDUCATION FOR EMPLOYMENT 1612 K ST NW SUITE 800 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
AMERICAN NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1990 K STREET NW SECOND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BROADFUTURES INC 2013 H STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY 3300 WHITE HAVEN STREET NW STE 3000 WASHINGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,425
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW SUITE 500 WASHNGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,500
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW SUITE 500 WASHNGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY 3300 WHITE HAVEN STREET NW STE 3000 WASHINGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,125
GEORGETOWN UNIVERSITY OFFICE OF ADVANCEMENT CORPORATE FOUNDATION RELATIONS WASHINGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500,000
GEORGETOWN UNIVERSITY 3300 WHITE HAVEN STREET NW STE 3000 WASHINGTON, DC 20007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY 3300 WHITEHAVEN AVE WASHINGTON, DC 20007	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,945
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW SUITE 500 WASHNGTON, DC 20007	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
GEORGETOWN UNIVERSITY 3300 WHITE HAVEN STREET NW STE 3000 WASHINGTON, DC 20007	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POTOMAC RIVERKEEPER INC 3070 M STREET NW WASHINGTON, DC 20007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL HOUSING TRUST COMMUNITY DE 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
POTOMAC RIVERKEEPER INC 3070 M STREET NW WASHINGTON, DC 20007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PUERTO RICO 1077 30TH ST NW SUITE 211 WASHINGTON, DC 20007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	37
FRIENDS OF PUERTO RICO 1077 30TH ST NW SUITE 211 WASHINGTON, DC 20007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GEORGETOWN VISITATION PREPARATORY S 1524 35TH STREET NW WASHINGTON, DC 20007	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4401 CONNECTICUT AVE NW WASHINGTON, DC 20008	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
DISTRICT OF COLUMBIA LAW STUDENTS I 4340 CONNECTICUT AVENUE NW SUITE 100 WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
QUALITY TRUST FOR INDIVIDUALS WITH 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUALITY TRUST FOR INDIVIDUALS WITH 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WHITMAN-WALKER CLINIC INC 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CRITICAL EXPOSURE INC 1816 12TH ST NW 3RD FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL ASSOCIATION FOR HUMAN 2401 15TH ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENOVATION IN MUSIC EDUCATION 1324 R STREET NW 3 WASHINGTON DC, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR TEACHING ECONOMICS 1706 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREATER WASHINGTON URBAN LEAGUE INC 2901 14TH STREET NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BUSINESSES UNITED IN INVESTING LEND 1763 COLUMBIA ROAD NW FIRST FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LIFE ASSET INC 2448 18TH STREET NW SUITE A WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FAIR CHANCE 2001 S STREET NW SUITE 310 WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FONKOZE USA INC 1718 CONNECTICUT AVE NW SUITE 201 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	451
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
CRITICAL EXPOSURE INC 1816 12TH ST NW 3RD FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOODWORKS 1380 MONROE ST NW 605 WASHINGTON, DC 20010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAINY CAMPS ASSOCIATION 111 MICHIGAN AVE NW WASHINGTON, DC 20010	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
BRAINY CAMPS ASSOCIATION 111 MICHIGAN AVE NW WASHINGTON, DC 20010	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
EL HAYNES PCS ELEMENTARY 4501 KANSAS AVE NW WASHINGTON, DC 20010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD & FRIENDS INC 219 RIGGS ROAD NE WASHINGTON, DC 20011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,667
FOOD & FRIENDS INC 219 RIGGS ROAD NE WASHINGTON, DC 20011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOOD & FRIENDS INC 219 RIGGS ROAD NE WASHINGTON, DC 20011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONAL HOUSING CORPORATION 5101 16TH STREET NW WASHINGTON DC, DC 20011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,375
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,065
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW WASHINGTON, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW WASHINGTON, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW WASHINGTON, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	521
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LATINO STUDENT FUND 3609 WOODLEY ROAD NW WASHINGTON, DC 20016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CATHEDRAL CHORAL SOCIETY OF WASHING 3101 WISCONSIN AVENUE NW WASHINGTON, DC 20016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CATHEDRAL SCHOOL 3612 WOODLEY ROAD NW WASHINGTON, DC 20016	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	290
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UKRAINIAN CATHOLIC NATIONAL SHRINE 4250 HAREWOOD RD NE WASHINGTON, DC 20017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA INC828 EVARTS STREET NE WASHINGTON, DC 20018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
EXCEL AUTOMOTIVE INSTITUTE INC 1235 KENILWORTH AVE NE UNIT 1 WASHINGTON, DC 20019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
THE WASHINGTON SCHOOL FOR GIRLS 1901 MISSISSIPPI AVE SE WASHINGTON, DC 20020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ED INC 2041 MARTIN LUTHER KING JR AVE SE SUITE M-2 WASHINGTON, DC 20020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARTHAS TABLE2375 ELVANS RD SE WASHINGTON, DC 20020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FISHING FOR CURES 429 N STREET SW 403 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ASSOCIATION 1237 CARROLLSBURG PLACE SW WASHINGTON, DC 20024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ALLIANCE TO END HUNGER 425 3RD ST SW SUITE 1200 WASHINGTON, DC 20024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
HOUSE DC INC PO BOX 30958 WASHINGTON DC 20030 WASHINGTON, DC 20030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE DC INC PO BOX 30958 WASHINGTON DC 20030 WASHINGTON, DC 20030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY OF HOPE INC 4 ATLANTIC STREET SW WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
DISTRICT OF COLUMBIA PUBLIC LIBRARY PO BOX 66012 WASHINGTON, DC 20035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLARIS PROJECTPO BOX 65323 WASHINGTON, DC 20035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
POLARIS PROJECTPO BOX 65323 WASHINGTON, DC 20035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
POLARIS PROJECTPO BOX 65323 WASHINGTON, DC 20035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ENTERPRISE INSTITUTE FOR P 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	796
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
B NAI B RITH 1120 20TH ST NW SUITE 300 NORTH WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	339
LEADERSHIP WASHINGTON INC 1602 L STREET NW SUITE 950 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1800 M STREET NW SUITE B50 NORTH WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFLAG INC1828 L ST NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 1990 M STREET NW SUITE 380 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
THE PRIORY IN THE US OF AMER OF THE 1850 M STREET NW SUITE 1070 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
ASIAN AMERICANS ADVANCING JUSTICE - 1620 L ST NW SUITE 1050 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
NATIONAL HOUSING CONFERENCE INC 1900 M STREET NW STE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115,000
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LAW CENTER ON HOMELESSNESS 2000 M ST NW SUITE 210 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH STREET NW 7TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH STREET NW 7TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH STREET NW 7TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR CREDIT COUN 2000 M STREET NW SUITE 505 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL WOMENS DEMOCRACY CENT 1101 17TH ST NW SUITE 301 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1800 M STREET NW SUITE B50 NORTH WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LULAC INSTITUTE INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
PFLAG INCSTE 660 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES SOCCER FEDERATION FOU 1140 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE PRIORY IN THE US OF AMER OF THE 1850 M STREET NW SUITE 1070 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ENTERPRISE INSTITUTE FOR P 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CONGRESSIONAL HISPANIC CAUCUS INSTI 1128 16TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LULAC INSTITUTE INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MBA OPEN DOORS FOUNDATION 1919 M STREET NW 5TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCELERATE BRAIN CANCER CURE INC 1717 RHODE ISLAND AVENUE NW SUITE 700 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
LEADERSHIP WASHINGTON INC 1602 L STREET NW SUITE 950 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
PFLAG INC1828 L ST NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1800 M STREET NW SUITE B50 NORTH WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PRIORY IN THE US OF AMER OF THE 1850 M STREET NW SUITE 1070 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000,000
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 1100 CONNECTICUT AVENUE NW SUITE 1020 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
ANTI-DEFAMATION LEAGUE 1100 CONNECTICUT AVENUE NW SUITE 1020 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEADERSHIP CONFERENCE EDUCATION FUN 1620 L STREET WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LAND INSTITUTE 2001 L ST NW STE 200 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
URBAN LAND INSTITUTE 2001 L ST NW STE 200 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANTI-DEFAMATION LEAGUE 1100 CONNECTICUT AVENUE NW SUITE 1020 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CAMPAIGN FOR TIBET 1825 JEFFERSON PLACE NW WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL CENTER FOR TRANSGENDER EQU 1133 19TH ST NW SUITE 302 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LUPUS FOUNDATION OF AMERICA INC 2121 K ST NW STE 200 WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PHARMACISTS ASSOCIATION FO 2215 CONSTITUTION AVE NW WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,136
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,423
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	640
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL TRUST FOR HISTORIC PRESERV 2600 VIRGINIA AVENUE NW 1000 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TRUST FOR HISTORIC PRESERV 2600 VIRGINIA AVENUE NW STE 1100 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	465
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2115 WARD COURT NW SUITE 100 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,358
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,570
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PHARMACISTS ASSOCIATION FO 2215 CONSTITUTION AVE NW WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
U S GREEN BUILDING COUNCIL INC 2101 L STREET NW SUITE 500 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500,000
URBAN INSTITUTE2100 M STREET NW WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASPEN INSTITUTE INC 2300 N ST NW SUITE 700 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
HOPE HOUSEPO BOX 60682 WASHINGTON, DC 20039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THEODORE ROOSEVELT CONSERVATION PAR 529 14TH STREET NW SUITE 500 WASHINGTON, DC 20045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WASHINGTON UNIVERSITY DUQUES HALL SUITE 450 2201 G STREET NW WASHINGTON, DC 20052	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
GEORGE WASHINGTON UNIVERSITY 837 22ND ST NW WASHINGTON, DC 20052	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 37TH AND O STREETS NW WASHINGTON, DC 20057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 37TH AND O STREETS NW WASHINGTON, DC 20057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SMITHSONIAN INSTITUTE PO BOX 980097 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,296
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CENTER FOR LAW AND JUSTICE PO BOX 90555 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHRISTIAN ADVOCATES SERVING EVANGEL P O BOX 90555 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA P O BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
SMITHSONIAN INSTITUTE PO BOX 980097 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CENTER FOR LAW AND JUSTICE PO BOX 90555 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE- A- WISH FOUNDATION OF AMERICA P O BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SMITHSONIAN INSTITUTE PO BOX 980097 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MAKE- A- WISH FOUNDATION OF AMERICA P O BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
SMITHSONIAN INSTITUTE PO BOX 980097 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	127
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE PO BOX 980097 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,019
PORTUGUESE AMERICAN LEADERSHIP COUN 9255 CENTER STREET SUITE 404 MANASSAS, VA 20110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANDEL AND HAYDN SOCIETY 9 HARCOURT ST BOSTON, MA 20116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HUMANE FARM ANIMAL CARE PO BOX 82 MIDDLEBURG, VA 20118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOULDER CREST RETREAT FOUNDATION PO BOX 117 BLUEMONT, VA 20135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARAS LEAGUE 19718 WILLOWDALE PLACE ASHBURN, VA 20147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOHNNY MAC SOLDIERS FUND INC 42395 RYAN ROAD SUITE 112-242 ASHBURN, VA 20148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASHA-JYOTHI13750 ROYAL RED TER CHANTILLY, VA 20151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT SUITE T CHANTILY, VA 20151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HOMEAID AMERICA INC 3684 CENTERVIEW DRIVE SUITE 110B CHANTILLY, VA 20151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HOUSING TRUST FUND OF NORTHERN VIRG 3684 CENTERVIEW DRIVE SUITE 110B CHANTILLY, VA 20151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALLYABLE FOUNDATION PO BOX 221441 CHANTILLY, VA 20153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
A FOREVER-HOME RESCUE FOUNDATION PO BOX 222801 CHANTILLY, VA 20153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PROTESTANT EPISCOPAL CHURCH IN THE 201 E FREDERICK DR STERLING, VA 20164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF FALLEN PATRIOTS FOUNDAT 44900 PRENTICE DRIVE DULLES, VA 20166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HERNDON-RESTON FISH INC 1141 ELDEN STREET 200 HERNDON, VA 20170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KATE S CAUSE 12809 BRIERY RIVER TERRACE HERNDON, VA 20170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	746
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIA OFFICERS MEMORIAL FOUNDATION PO BOX 405 HERNDON VA 20172 HERNDON, VA 20172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A-1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOUDOUN VOLUNTEER CAREGIVERS A FAIT 704 SOUTH KING STREET SUITE 2 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A-1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOUDOUN COUNTRY DAY SCHOOL INC 20600 RED CEDAR DRIVE LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,151
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	414
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
SHELTER HOUSE INC 12310 PINECREST RD SUITE 304 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC ART RESTON 12001 SUNRISE VALLEY DRIVE RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHELTER HOUSE INC 12310 PINECREST RD SUITE 304 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SJOGRENS SYNDROME FOUNDATION INC 10701 PARKRIDGE BLVD STE 170 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SJOGRENS SYNDROME FOUNDATION INC 10701 PARKRIDGE BLVD STE 170 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE CHURCH 6045 SOLOMONS ISLAND RD HUNTINGTOWN, MD 20639	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
MIDDLE ATLANTIC MOTO-CROSS ASSOCIAT PO BOX 1296 HUNTINGTOWN, MD 20639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 452 LEXINGTON PARK, MD 20653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERT HOSPICE INC PO BOX 838 238 MERRIMAC CT PRINCE FREDERICK, MD 20678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CALVERT HOSPICE INC PO BOX 838 238 MERRIMAC CT PRINCE FREDERICK, MD 20678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ADOPTIONS TOGETHER INC 4061 POWDER MILL ROAD SUITE 320 CALVERTON, MD 20705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 7901 ANNAPOLIS ROAD LANHAM, MD 20706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
ALLEY CAT RESCUE INCPO BOX 585 MT RAINIER, MD 20712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALLEY CAT RESCUE INCPO BOX 585 MT RAINIER, MD 20712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENBELT ROTARY FOUNDATION 16112 PARKLAWN PL BOWIE, MD 20716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GREENBELT ROTARY FOUNDATION 16112 PARKLAWN PL BOWIE, MD 20716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MANNEQART INC9010 MAIER ROAD LAUREL, MD 20723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFREE USA INC 6200 BALTIMORE AVENUE RIVERDALE, MD 20737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180,000
HOMEFREE USA INC 6200 BALTIMORE AVENUE RIVERDALE, MD 20737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CENTRO DE APOYO FAMILIAR CAF 6801 KENILWORTH AVE SUITE 110 RIVERDALE, MD 20737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARYLAND COLLEGE PARK 4603 CALVERT ROAD COLLEGE PARK, MD 20740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF MARYLAND ALUMNI ASSOC 8701 ALUMNI DR COLLEGE PARK, MD 20742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	213
VOICES FOR AUTISM INC 7005 MEANDERING STREAM WAY FULTON, MD 20759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY TRINITY EPISCOPAL DAY SCHOOL 11902 DAISY LANE GLENN DALE, MD 20769	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 7500 GREENWAY CENTER DR STE 300 GREENBELT, MD 20770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,675
AMERICAN CANCER SOCIETY INC 7500 GREENWAY CENTER DR STE 300 GREENBELT, MD 20770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	755
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7500 GREENWAY CENTER DR STE 300 GREENBELT, MD 20770	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SOUTH ANNE ARUNDEL COUNTY ROTARY CL 1101 MERCANTILE LANE SUITE 260 UPPER MARLBORO, MD 20774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
HOUSING INITIATIVE PARTNERSHIP INC 6525 BELCREST ROAD SUITE 555 HYATTSVILLE, MD 20782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CASA DE MARYLAND INC 8151 15TH AVENUE LANGLEY PARK, MD 20783	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE MARYLAND INC 8151 15TH AVENUE LANGLEY PARK, MD 20783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,240
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF YEMIN ORDE INC 4340 EAST-WEST HIGHWAY SUITE 202 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HYDROCEPHALUS ASSN 4340 EAST WEST HWY STE 905 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL PANCREAS FOUNDATION 3 BETHESDA METRO CENTER STE 700 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PANCREAS FOUNDATION 3 BETHESDA METRO CENTER STE 700 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BLADDER CANCER ADVOCACY NETWORK INC 4915 ST ELMO AVENUE SUITE 202 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,440
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE STE 1200 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HYDROCEPHALUS ASSN 4340 EAST WEST HWY STE 905 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MANAGEMENT LEADERSHIP FOR TOMORROW 7201 WISCONSIN AVE BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF AMERICA 4340 EAST WEST HWY STE 350 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CURESEARCH FOR CHILDRENS CANCER 4600 EAST-WEST HIGHWAY BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE STE 1200 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HYDROCEPHALUS ASSN 4340 EAST WEST HWY STE 905 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAGAINSTALZHEIMERS 2 WISCONSIN CIRCLE CHEVY CHASE, MD 20815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LANDON SCHOOL CORPORATION 6101 WILSON LANE BETHESDA, MD 20817	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORWOOD SCHOOL INC 8821 RIVER ROAD BETHESDA, MD 20817	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLTON-ARMS SCHOOL INC 7303 RIVER ROAD BETHESDA, MD 20817	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOODS ACADEMY 6801 GREENTREE ROAD BETHESDA, MD 20817	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE WOODS ACADEMY 6801 GREENTREE ROAD BETHESDA, MD 20817	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE WOODS ACADEMY 6801 GREENTREE ROAD BETHESDA, MD 20817	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ENJOY EXERCISE NOW POBOX 341590 BETHESDA, MD 20827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DICK AND JODY VILARDO FOUNDATION PO BOX 544 OLNEY, MD 20830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	594
SAINT JOHNS EPISCOPAL CHURCH & SCHO 3427 OLNEY LAYTONSVILLE ROAD OLNEY, MD 20832	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF GOOD COUNSEL HIGH SCHOO 17301 OLD VIC BLVD OLNEY, MD 20832	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION ON AMERICAN INDIAN AFFA 966 HUNGERFORD DRIVE SUITE 30-A ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASSOCIATION ON AMERICAN INDIAN AFFA 966 HUNGERFORD DRIVE SUITE 30-A ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORNERSTONE MONTGOMERY INC 2 TAFT COURT STE 200 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COLLEGE FOUNDATION INC 9221 CORPORATE BLVD 3RD FLOOR ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MONTGOMERY COLLEGE FOUNDATION INC 9221 CORPORATE BLVD 3RD FLOOR ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	451
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TLC- THE TREATMENT & LEARNING CENTE 2092 GAITHER ROAD SUITE 100 ROCKVILLE, MD 20850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COMMUNITY MINISTRIES OF ROCKVILLE 1010 GRANDIN AVE SUITE A-1 ROCKVILLE, MD 20851	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
CROHNS & COLITIS FOUNDATION INC 11900 PARKLAWN DRIVE ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SO WHAT ELSE INC ONE PRESERVE PARKWAY SUITE 150 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,780
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SO WHAT ELSE INC ONE PRESERVE PARKWAY SUITE 150 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
SO WHAT ELSE INC ONE PRESERVE PARKWAY SUITE 150 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
TRANSCEN INC 12300 TWINBROOK PARKWAY SUITE 350 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
ST ELIZABETH CATHOLIC SCHOOL 917 MONTROSE ROAD ROCKVILLE, MD 20852	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST ANDREWS EPISCOPAL SCHOOL INC 8804 POSTOAK ROAD POTOMAC, MD 20854	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HEIGHTS SCHOOL 10400 SEVEN LOCKS RD POTOMAC, MD 20854	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
KEY TO LIONS HEART RESCUE INC 7200 BLANCHARD DR ROCKVILLE, MD 20855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
OPERATION SECOND CHANCE INC 20251 CENTURY BLVD STE 130 GERMANTOWN, MD 20874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
OPERATION SECOND CHANCE INC 20251 CENTURY BLVD STE 130 GERMANTOWN, MD 20874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW COOPER GREGG THOMAS FMAILY F 12930 OLIVINE WAY SILVER SPRING, MD 20904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SAM RELIEF INC 13532 CEDAR CREEK LANE SILVER SPRING, MD 20904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MONTGOMERY HOUSING PARTNERSHIP INC 12200 TECH ROAD SUITE 250 SILVER SPRING, MD 20904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING UNLIMITED INC 12125 VEIRS MILL ROAD SUITE 201 SILVER SPRING, MD 20906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PERFORMING ARTS REPERTORY COMPANY 10 DECKMAN CT SILVER SPRING, MD 20906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD STE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 650 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD STE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE SHEPHERDS TABLE INC 8106 GEORGIA AVE SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 650 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
NATIONAL TUBEROUS SCLEROSIS ASSOCIA 801 ROEDER ROAD 750 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD SUITE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE ROOM INC 8401 COLESVILLE ROAD SUITE 300 SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUB OF HARFORD COUN PO BOX 1106 ABERDEEN, MD 21001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BOYS AND GIRLS CLUB OF HARFORD COUN PO BOX 1106 ABERDEEN, MD 21001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD NORTH STARSPO BOX 435 ABINGDON, MD 21009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CUB SCOUT PACK 810 OF ST FRANCIS DE 1450 ABINGDON RD ABINGDON, MD 21009	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
MARYLAND CENTER FOR THE VISUAL AND MARYLAND CENTER FOR THE ARTS BEL AIR, MD 21014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1001 SADDLEBACK WAY BEL AIR, MD 21014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARYLAND CENTER FOR THE VISUAL AND MARYLAND CENTER FOR THE ARTS BEL AIR, MD 21014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARYLAND CENTER FOR THE VISUAL AND MARYLAND CENTER FOR THE ARTS BEL AIR, MD 21014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND CENTER FOR THE VISUAL AND PO BOX 687 BAL AIR, MD 21014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARYLAND CENTER FOR THE VISUAL AND MARYLAND CENTER FOR THE ARTS BEL AIR, MD 21014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS INC 1001 SADDLEBACK WAY BEL AIR, MD 21014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARGARET SCHOOL 205 HICKORY AVENUE BEL AIR, MD 21014	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST MARGARET SCHOOL 205 HICKORY AVENUE BEL AIR, MD 21014	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,567
THE BOYS SCHOOL OF SAINT PAULS PARI 11232 FALLS RD BROOKLANDVILLE, MD 21022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOYS SCHOOL OF SAINT PAULS PARI 11232 FALLS RD BROOKLANDVILLE, MD 21022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST PAULS SCHOOL11152 FALLS ROAD BROOKLANDVILLE, MD 21022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
PATHFINDERS INC 303 INTERNATIONAL CIRCLE SUITE 110 COCKEYSVILLE, MD 21030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PATHFINDERS INC 303 INTERNATIONAL CIRCLE SUITE 110 COCKEYSVILLE, MD 21030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
ST JOSEPH SCHOOL105 CHURCH LANE COCKEYSVILLE, MD 21030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
GILCHRIST HOSPICE CARE INC 11311 MCCORMICK RD STE 350 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILCHRIST HOSPICE CARE INC 11311 MCCORMICK RD STE 350 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BRIGANCE BRIGADE FOUNDATION INC EXECUTIVE PLAZA I SUITE 105 11350 MCCORMICK ROAD HUNT VALLEY, MD 21031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WILLIAM AND LANAEA C FEATHERSTONE F 11101 RESORT ROAD 107 ELLICOTT CITY, MD 21042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF HOWARD COUNTY INC 11735 HOMEWOOD ROAD ELLICOTT CITY, MD 21042	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
PTA MARYLAND CONGRESS OF PARENTS & 8700 OLD ANNAPOLIS RD ELLICOTT CITY, MD 21043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA MARYLAND CONGRESS OF PARENTS & 8700 OLD ANNAPOLIS RD ELLICOTT CITY, MD 21043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NAMI MARYLAND INC 10630 LITTLE PATUXENT PARKWAY SUITE 475 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
ARTHRITIS FOUNDATION INC - MARYLAND 9891 BROKEN LAND PARKWAY SUITE 101 COLUMBIA, MD 21046	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
HOWARD COUNTY AUTISM SOCIETY INC 9770 PATUXENT WOODS DRIVE SUITE 308 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD COUNTY AUTISM SOCIETY INC 9770 PATUXENT WOODS DRIVE SUITE 308 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOPEWORKS OF HOWARD COUNTY INC 9770 PATUXENT WOODS DRIVE SUITE 300 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BEL AIR ROTARY FOUNDATION INC PO BOX 6 FOREST HILL, MD 21050	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JARRETTSVILLE RECREATION COUNCIL IN 1805 MIDSUMMER LN JARRETTSVILLE, MD 21084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARYVALE PREPARATORY SCHOOL 11300 FALLS ROAD LUTHERVILLE, MD 21093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYVALE PREPARATORY SCHOOL 11300 FALLS ROAD LUTHERVILLE, MD 21093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CUREPSP INC1206 YORK RD STE L-4 LUTHERVILLE, MD 21093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CUREPSP INC1206 YORK RD STE L-4 LUTHERVILLE, MD 21093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS CIRCLE INCPO BOX 84 TIMONIUM, MD 21094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GB CHARITIES INCPO BOX 4954 LUTHERVILLE TIMONIUM, MD 21094	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL ASSISTANCE LEAGUE PO BOX 1774 MILLERSVILLE, MD 21108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENTION OF THE PROTESTANT EPISCO 3100 MONKTON ROAD MONKTON, MD 21111	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
HHT FOUNDATION INTERNATIONAL INC PO BOX 329 MONKTON, MD 21111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
ANNAPOLIS TRIATHLON CLUB INC PO BOX 3714 CROFTON, MD 21114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MARYLAND COGNRESS OF PARENT & T 2350 NANTUCKET DR CROFTON, MD 21114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
NANTUCKET ELEMENTARY 2350 NANTUCKET DR CROFTON, MD 21114	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NANTUCKET ELEMENTARY 2350 NANTUCKET DR CROFTON, MD 21114	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARRISON FOREST SCHOOL INC 300 GARRISON FOREST ROAD OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAGER UNIVERSITY FOUNDATION 10045 RED RUN BOULEVARD SUITE 250 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COVENANT GUILD INC ONE REGALIA COURT APT B OWINGS MILLS, MD 21117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOOTOUT FOR SOLDIERS INC 19 ROLLING ACRES WAY REISTERSTOWN, MD 21136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	252
STEVENSON UNIVERSITY INC 1525 GREENSPRING VALLEY ROAD STEVENSON, MD 21153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
MC DANIEL COLLEGE INC 2 COLLEGE HILL WESTMINSTER, MD 21157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN SERVICES PROGRAMS OF CARROLL 10 DISTILLERY DRIVE WESTMINSTER, MD 21157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 255 CLIFTON BLVD WESTMINSTER, MD 21157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
IVY WOODS FELINE SANCTUARY INC 1500 IVY WOODS LN WESTMINSTER, MD 21158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLAS BULLY BUDDIESPO BOX 649 WHITE MARSH, MD 21162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,865
MARYLAND VOLUNTEER LAWYERS SERVICE 201 N CHARLES ST SUITE 1400 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,093
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CASH CAMPAIGN OF MARYLAND INC 575 S CHARLES STREET SUITE 502 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,655
MARCH OF DIMES INC 300 W PRATT STREET SUITE 250 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
MARCH OF DIMES INC 300 W PRATT STREET SUITE 250 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	41
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARYLAND BALTIMORE FO 620 W LEXINGTON STREET 2ND FLOOR BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 636 WEST LEXINGTON ST BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASH CAMPAIGN OF MARYLAND INC 575 S CHARLES STREET SUITE 502 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN CANCER SOCIETY INC 636 WEST LEXINGTON ST BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,475
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
BALTIMORE SCHOOL FOR THE ARTS 712 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE FRIESS CENTER INC 900 SOMERSET ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
JOHNS HOPKINS UNIVERSITY 750 E PRATT STREET SUITE 1700 BALTIMORE, MD 21202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
JOHNS HOPKINS UNIVERSITY 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 750 E PRATT STREET SUITE 1700 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BALTIMORE COMMUNITY FOUNDATION INC 2 EAST READ STREET 9TH FLR BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
CHILDRENS SCHOLARSHIP FUND BALTIMOR 1000 ST PAUL STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILANTHROPIK INC 1 SOUTH STREET SUITE 2300 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,830
AMERICAN LUNG ASSOCIATION 211 EAST LOMBARD STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUITED TO SUCCEED INC 19 E FAYETTE STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,935
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	910
SUITED TO SUCCEED INC 22 LIGHT STREET 3RD FLOOR BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL AQUARIUM INC NATIONAL AQUARIUM BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AQUARIUM INC NATIONAL AQUARIUM BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ASSOCIATED CATHOLIC CHARITIES INC 725 FALLSWAY BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	151
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON PLACE CONSERVANCY INC PO BOX 2394 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST RD STE 360 BALTIMORE, MD 21204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SOCIETY OF THE CIN IN THE STATE OF 511 W JOPPA RD BALTIMORE, MD 21204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST RD STE 360 BALTIMORE, MD 21204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	659
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LANE STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
JOHNS HOPKINS UNIVERSITY 550 N BROADWAY STE 732 BALTIMORE, MD 21205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEDY KRIEGER FOUNDATION INC 707 N BROADWAY BALTIMORE, MD 21205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CHILDRENS HOUSE AT JOHNS HOPKINS HO 1915 MCELDERRY ST BALTIMORE, MD 21205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BALTIMORE CHESAPEAKE BAY OUTWARD BO 1900 EAGLE DRIVE BALTIMORE, MD 21207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK SCHOOL OF BALTIMORE INC 2425 OLD COURT ROAD BALTIMORE, MD 21208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,207
CALVERT SCHOOL INC 105 TUSCANY ROAD BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CALVERT SCHOOL INC 105 TUSCANY ROAD BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LOYOLA UNIVERSITY MARYLAND INC 4501 N CHARLES ST BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LOYOLA UNIVERSITY MARYLAND INC 4501 N CHARLES ST BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	141
CALVERT SCHOOL105 TUSCANY RD BALTIMORE, MD 21210	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY DBS DEPT 3910 KESWICK RD STE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD - SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOHNS HOPKINS UNIVERSITY DBS DEPT 3910 KESWICK RD STE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY DBS DEPT 3910 KESWICK RD STE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MARYLAND ASSOCIATION OF NON-PROFIT 1500 UNION AVE STE 2500 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2002 CLIPPER PARK ROAD SUITE 110 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
COMMUNITY LAW CENTER INC 3355 KESWICK ROAD SUITE 200 BALTIMORE, MD 21211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ITINERIS FOUNDATION 2050-A ROCKROSE AVENUE BALTIMORE, MD 21211	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN COMMUNITIES TRUST PO BOX 50160 BALTIMORE, MD 21211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	15,000
TENDER BRIDGE INC2 MIDDLETON CT BALTIMORE, MD 21212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CIVIC WORKS INC 2701 SAINT LO DRIVE BALTIMORE, MD 21213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEYS DEVELOPMENT INC 1201 NORTH COLLINGTON AVENUE BALTIMORE, MD 21213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BELAIR-EDISON NEIGHBORHOODS INC 3545 BELAIR RD BALTIMORE, MD 21213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BELAIR-EDISON NEIGHBORHOODS INC 3545 BELAIR RD BALTIMORE, MD 21213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	19,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOUCHER COLLEGE 1021 DULANEY VALLEY ROAD TOWSON, MD 21214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
YEAR UP INC 2600 LIBERTY HEIGHTS AVENUE SOUTH PAVILION - 3RD FLOOR BALTIMORE, MD 21215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
YEAR UP INC 2600 LIBERTY HEIGHTS AVENUE SOUTH PAVILION - 3RD FLOOR BALTIMORE, MD 21215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL ASSOCIATION FOR THE ADVANC 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625,000
AMERICAN NATIONAL RED CROSS 4800 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALLSTAFF ELEMENTARY 3801 FALLSTAFF ROAD BALTIMORE, MD 21215	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
THE MARYLAND ZOOLOGICAL SOCIETY INC 1876 MANSION HOUSE DRIVE DRUID HILL PARK BALTIMORE, MD 21217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAYWORKS EDUCATION ENERGIZED 2601 N HOWARD STREET BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,036
BALTIMORE MUSEUM OF ART INC 10 ART MUSEUM DRIVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SHEPHERDS CLINIC INC 2800 KIRK AVENUE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 2601 NORTH HOWARD STREET SUITE 300 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GOVANS ECUMENICAL DEVELOPMENT CORPO 1010 E 33RD STREET TERRACE BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MARYLAND CONSUMER RIGHTS COALITION 2209 MARYLAND AVENUE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARYLAND NEW DIRECTIONS INC 2700 N CHARLES STREET SUITE 200 BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEIGHBORHOOD HOUSING SERVICES OF BA 25 E 20TH ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
NEIGHBORHOOD HOUSING SERVICES OF BA 25 E 20TH ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AMBROSE HOUSING AID CENTER INC 321 EAST 25TH STEET BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	562
AMERICAN CANCER SOCIETY INC 405 WILLIAMS CT STE 120 BALTIMORE, MD 21220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERLINS KIDS INCPO BOX 21 MIDLAND PARK, NJ 21220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SOUTHWEST BALTIMORE CHARTER SCHOOL 1300 HERKIMER ST BALTIMORE, MD 21223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BIOTECHNICAL INSTITUTES OF MARYLAND 1101 W PRATT STREET SUITE 302 BALTIMORE, MD 21223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BON SECOURS OF MARYLAND FOUNDATION 26 N FULTON AVENUE BALTIMORE, MD 21223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
SAFE ALTERNATIVE FOUNDATION FOR EDU 1501 W LEXINGTON STREET BALTIMORE, MD 21223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL RESCUE COMMITTEE INC 3516 EASTERN AVENUE BALTIMORE, MD 21224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENT EDUCATION INC 2927 E BALTIMORE STREET BALTIMORE, MD 21224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BEST BUDDIES INTERNATIONAL INC 101 NORTH HAVEN ST STE 205 BALTIMORE, MD 21224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BELIEVE IN TOMORROW NATIONAL CHILDR 6601 FREDERICK RD BALTIMORE, MD 21228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSUMER CREDIT COUNSELING SERVICE 757 FREDERICK ROAD 2ND FLOOR CATONSVILLE, MD 21228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CONSUMER CREDIT COUNSELING SERVICE 757 FREDERICK ROAD 2ND FLOOR CATONSVILLE, MD 21228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LEARN IN TO LIVE AGAIN 19 ELDERBERRY COURT BALTIMORE, MD 21228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSUMER CREDIT COUNSELING SERVICE 757 FREDERICK ROAD 2ND FLOOR CATONSVILLE, MD 21228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MOUNT SAINT JOSEPH HIGH SCHOOL 4403 FREDERICK AVENUE BALTIMORE, MD 21229	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
MOUNT SAINT JOSEPH HIGH SCHOOL 4403 FREDERICK AVENUE BALTIMORE, MD 21229	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 814 LIGHT STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE ULMAN CANCER FUND FOR YOUNG ADU 1215 EAST FORT AVENUE SUITE 104 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
DIGITAL HARBOR FOUNDATION INC 1045 LIGHT STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BROTHERHOOD FOR THE BLIND 1800 JOHNSON STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
THE ULMAN CANCER FUND FOR YOUNG ADU 1215 E FORT AVE STE 104 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SECOND CHANCE INC 1700 RIDGELY STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
THE ULMAN CANCER FUND FOR YOUNG ADU 1215 EAST FORT AVENUE SUITE 104 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME VOLUNTEER CORPORATION 5405 LOCH RAVEN BLVD BALTIMORE, MD 21239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARYLAND FOUNDATION I MARIE LILLY UMBC 1000 HILLTOP CIRCLE AD 701 BALTIMORE, MD 21250	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF MARYLAND FOUNDATION I MARIE LILLY UMBC 1000 HILLTOP CIRCLE AD 701 BALTIMORE, MD 21250	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
THE UNITED WAY OF CENTRAL MARYLAND PO BOX 64282 BALTIMORE, MD 21264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF BALTIMORE INC PO BOX 6819 TOWSON, MD 21285	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LOYOLA HIGH SCHOOL OF BALTIMORE INC PO BOX 6819 TOWSON, MD 21285	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
LOYOLA HIGH SCHOOL OF BALTIMORE INC PO BOX 6819 TOWSON, MD 21285	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF BALTIMORE INC PO BOX 6819 TOWSON, MD 21285	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
LOYOLA BLAKEFIELD P O BOX 6819 CHARLES ST CHESTN BALTIMORE, MD 21285	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
LOYOLA BLAKEFIELDPO BOX 6819 BALTIMORE, MD 21285	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA BLAKEFIELD P O BOX 6819 CHARLES ST CHESTN BALTIMORE, MD 21285	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	949
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITIES NETWORK INC 8503 LASALLE RD TOWSON, MD 21286	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
MUSCULAR DYSTROPHY ASSOCIATION 8501 LASALLE ROAD 106 TOWSON, MD 21286	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOHNS HOPKINS UNIVERSITY WILMER BUILDING ROOM 112 600 NORTH WOLFE STREET BALTIMORE, MD 21287	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHNS HOPKINS HOSPITAL 1800 ORLEANS STREET BALTIMORE, MD 21287	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,924
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWIE CROFTON PREGNANCY CENTER INC 934 WEST ST ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES NAVAL ACADEMY ALUMNI 247 KING GEORGE STREET ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,652
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	730
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
YOUNG MENS CHRISTIAN ASSOCIATION OF 111-1 E DOVER STREET EASTON, MD 21601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 111-1 E DOVER STREET EASTON, MD 21601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHESAPEAKE WILDLIFE HERITAGE INC 1201 PARSON ISLAND ROAD CHESTER, MD 21619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHESAPEAKE WILDLIFE HERITAGE INC 1201 PARSON ISLAND ROAD CHESTER, MD 21619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	407
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,025
HABITAT FOR HUMANITY CHOPTANK INC 29350 MAPLE AVENUE TRAPPE, MD 21673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY CHOPTANK INC 29350 MAPLE AVENUE TRAPPE, MD 21673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHESAPEAKE COLLEGE FOUNDATION INC PO BOX 8 WYE MILLS, MD 21679	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HOOD COLLEGE OF FREDERICK MD 401 ROSEMONT AVE FREDERICK, MD 21701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEINBERG CENTER FOR THE ARTS INC 20 WEST PATRICK STREET FREDERICK, MD 21701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTERFAITH HOUSING ALLIANCE INC 5301 BUCKEYSTOWN PIKE SUITE 320 FREDERICK, MD 21704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ST JOHN'S CATHOLIC PREP 3989 BUCKEYSTOWN PIKE PO BOX 909 BUCKEYSTOWN, MD 21717	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA YOUTH HOCKEY INC 14234 DAY FARM ROAD GLENELG, MD 21737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MICHAEL J FOX FOUNDATION FOR PARKIN PO BOX 5014 HAGERSTOWN, MD 21741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN PO BOX 5014 HAGERSTOWN, MD 21741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
MICHAEL J FOX FOUNDATION FOR PARKIN PO BOX 5014 HAGERSTOWN, MD 21741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MICHAEL J FOX FOUNDATION FOR PARKIN PO BOX 5014 HAGERSTOWN, MD 21741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINUS PROJECT4616 GRANITE DRIVE MIDDLETOWN, MD 21769	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1393 PROGRESS WAY 908 ELDERSBURG, MD 21784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OKLAHOMA ROAD MIDDLE 6300 OKLAHOMA RD SYKESVILLE, MD 21784	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA ROAD MIDDLE 6300 OKLAHOMA RD SYKESVILLE, MD 21784	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
NATIONAL SOCIETY OF THE DAUGHTERS O 206 HERITAGE CT WALKERSVILLE, MD 21793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL SOCIETY OF THE DAUGHTERS O 206 HERITAGE CT WALKERSVILLE, MD 21793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY OF THE DAUGHTERS O 206 HERITAGE CT WALKERSVILLE, MD 21793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF THE EASTERN S 123 C CAMDEN STREET SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF THE EASTERN S 123 C CAMDEN STREET SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE LOWER EASTERN SHO 803 NORTH SALISBURY BOULEVARD SUITE 2100 SALISBURY, MD 21801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LITTLE SISTERS OF JESUS AND MARY IN 812 BOUNDARY ST SALISBURY, MD 21801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SALISBURY UNIVERSITY FOUNDATION INC 1308 CAMDEN AVENUE SALISBURY, MD 21801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1315 MT HERMON ROAD SUITE D SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,475
WOR-WIC COMMUNITY COLLEGE FOUNDATIO 32000 CAMPUS DRIVE SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOR-WIC COMMUNITY COLLEGE FOUNDATIO 32000 CAMPUS DRIVE SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1315 MT HERMON ROAD SUITE D SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,250
AMERICAN CANCER SOCIETY INC 1315 MT HERMON ROAD SUITE D SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
WOR-WIC COMMUNITY COLLEGE FOUNDATIO 32000 CAMPUS DRIVE SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1315 MT HERMON ROAD SUITE D SALISBURY, MD 21804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SALUTE TO CECIL COUNTY VETERANS INC PO BOX 609 NORTH EAST, MD 21901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOHEMIA MANOR HIGH 2755 AUGUSTINE HERMAN HIGHWAY CHESAPEAKE CITY, MD 21915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MOUNT AVIAT ACADEMY 399 CHILDS ROAD CHILDS, MD 21916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION CHURCH 452 BOW STREET ELKTON, MD 21921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CASA135 E MAIN STREET ELKTON, MD 21921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARIS FOUNDATION229 S BRIDGE ST ELKTON, MD 21921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENMORE ELEMENTARY 2475 SINGERLY ROAD ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
AMERICAN YOUTH PHILHARMONIC ORCHEST 4026 HUMMER ROAD ANNANDALE, VA 22003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ACTION IN COMMUNITY THROUGH SERVICE PO BOX 74 DUMFRIES, VA 22026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50,000
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAIRFAX COURT APPOINTED SPECIAL ADV 4103 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRITEPATHS INC 3959 PENDER DRIVE SUITE 200 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HUMANE SOCIETY OF FAIRFAX COUNTY IN 4057 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INSIGHT MEMORY CARE CENTER 3953 PENDER DR SUITE 100 FAIRFAX, VA 22030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSIGHT MEMORY CARE CENTER 3953 PENDER DR SUITE 100 FAIRFAX, VA 22030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BARNETT-SEARING NATIONAL CANCER FOU 4094 MAJESTIC LANE 101 FAIRFAX, VA 22033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNETT-SEARING NATIONAL CANCER FOU 4094 MAJESTIC LANE 101 FAIRFAX, VA 22033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BARNETT-SEARING NATIONAL CANCER FOU 4094 MAJESTIC LANE 101 FAIRFAX, VA 22033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,382
AMERICAN FOUNDATION FOR SUICIDE PRE NATIONAL CAPITAL AREA CHAPTER - PO BOX 3467 FAIRFAX, VA 22038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
POTOMAC SCHOOL 1301 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
THE ROTARY CLUB OF TYSONS CORNER FO ATTN DAVID DANNER 1364 BEVERLY ROAD SUITE 101 MCLEAN, VA 22101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
RESOLVE INCORPORATED 7918 JONES BRANCH DR STE 300 MC LEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ALZHEIMERS DISEASE AND RELATED DISO 8180 GREENSBORO DRIVE SUITE 400 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 8180 GREENSBORO DRIVE SUITE 400 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
LANGLEY ORCHESTRA SOCIETY INC 7700 LEAR ROAD MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	457
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I P O BOX 1830 MERRIFIELD, VA 22116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ALICES KIDS INCPO BOX 60 MOUNT VERNON, VA 22121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SOCIETY OF AMERICA 10467 WHITE GRANITE DRIVE 324 OAKTON, VA 22124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF AMERICA 10467 WHITE GRANITE DRIVE 324 OAKTON, VA 22124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF NORTHE 10467 WHITE GRANITE DRIVE SUITE 320 OAKTON, VA 22124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	980
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GREATER CHANGEPO BOX 2742 SPRINGFIELD, VA 22152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL RIGHT TO WORK LEGAL DEFENS 8001 BRADDOCK ROAD SPRINGFIELD, VA 22160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN CANCER SOCIETY INC 124 PARK STREET SE VIENNA, VA 22180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FLINT HILL ELEMENTARY 2444 FLINT HILL RD VIENNA, VA 22181	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOLF TRAP FOUNDATION FOR THE PERFOR 1645 TRAP ROAD VIENNA, VA 22182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST HOME ALLIANCE INC 3138 GOLANSKY BLVD SUITE 202 WOODBRIDGE, VA 22192	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CUPID CHARITIES 1100 N GLEBE RED 1010 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCATUS CENTER INC 3434 WASHINGTON BLVD FL 4 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD SUITE 300 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CUPID CHARITIES 1100 N GLEBE RED 1010 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORGANIZATION FOR AUTISM RESEARCH IN 2000 14TH ST N STE 300 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD SUITE 300 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR CLIMATE AND ENERGY SOLUT 2101 WILSON BLVD STE 550 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	337,166
ORGANIZATION FOR AUTISM RESEARCH IN 2000 14TH ST N STE 300 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAM VETERANS MEMORIAL FUND INC 1235 SOUTH CLARK 910 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THINK FREELY MEDIA INC 2221 S CLARK STREET ARLINGTON, VA 22202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAM VETERANS MEMORIAL FUND INC 1235 SOUTH CLARK 910 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITIES IN SCHOOLS INC 2345 CRYSTAL DR STE 700 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION ATTN 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	520
NATIONAL COUNCIL ON THE AGING INC 251 18TH STREET SOUTH SUITE 500 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
AMERICAN DIABETES ASSOCIATION ATTN 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,869
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	335
UNITED STATES CONFERENCE OF CATHOLI 200 N GLEBE ROAD SUITE 506 ARLINGTON, VA 22203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TREATMENT ADVOCACY CENTER 200 NORTH GLEEB ROAD SUITE 801 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULPEPPER GARDEN III INC 4435 N PERSHING DRIVE ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARLINGTON PARTNERSHIP FOR AFFORDABL 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARLINGTON PARTNERSHIP FOR AFFORDABL 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENTAL TRADE ALLIANCE FOUNDATION 4350 NORTH FAIRFAX DRIVE SUITE 220 ARLINGTON, VA 22203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	525
MARCH OF DIMES INC 2110 WASHINGTON BLVD SUITE 325 ARLINGTON, VA 22204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INC 2110 WASHINGTON BLVD SUITE 325 ARLINGTON, VA 22204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	373
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIANS ORGANIZED FOR INTERFAITH C/O UUCA 4444 ARLINGTON BLVD ARLINGTON, VA 22204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ARLINGTON FOOD ASSISTANCE CENTER 2708 SOUTH NELSON STREET ARLINGTON, VA 22206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARLINGTON FOOD ASSISTANCE CENTER 2708 SOUTH NELSON STREET ARLINGTON, VA 22206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON FOOD ASSISTANCE CENTER 2708 SOUTH NELSON STREET ARLINGTON, VA 22206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
GREATER WASHINGTON EDUCATIONAL TELE 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
SIGNATURE THEATRE INC 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER WASHINGTON EDUCATIONAL TELE 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
LA COCINA VA1500 N GLEBE ROAD ARLINGTON, VA 22207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LUCKY DOG ANIMAL RESCUE 5159 LEE HIGHWAY ARLINGTON, VA 22207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INSTITUTE FOR CANCER RESEA 1560 WILSON BOUELVARD STE 1000 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN INSTITUTE FOR CANCER RESEA 1560 WILSON BOUELVARD STE 1000 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INSTITUTE FOR CANCER RESEA 1560 WILSON BOUELVARD STE 1000 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CODE OF SUPPORT FOUNDATION 4401 FORD AVENUE SUITE 450 ALEXANDRIA, VA 22302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
HOPKINS HOUSE-A CENTER FOR CHILDREN 5904 RICHMOND HWY ALEXANDRIA, VA 22303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,015
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,568
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,949
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	713
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,189
NORTHERN VIRGINIA AFFORDABLE HOUSIN 301 CLIFFORD AVE ALEXANDRIA, VA 22305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW HOPE HOUSING INC 8407-E RICHMOND HIGHWAY ALEXANDRIA, VA 22309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BSI INC5917 TELEGRAPH ROAD ALEXANDRIA, VA 22310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
WESLEY HOUSING DEVELOPMENT CORPORAT 5515 CHEROKEE AVENUE SUITE 200 ALEXANDRIA, VA 22312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THOMAS JEFFERSON HIGH FOR SCIENCE A 6560 BRADDOCK ROAD ALEXANDRIA, VA 22312	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE 4TH FLOOR ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79,964
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE 4TH FLOOR ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	949,880
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	114,927
MESOTHELIOMA APPLIED RESEARCH FOUND 641 S STREET NW WASHINGTON, DC 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,125
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27,950
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA INC 500 MONTGOMERY ST SUITE 820 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53,231
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOCIETY FOR FINANCIAL EDUCATION & P 500 MONTGOMERY STREET SUITE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21,170
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,121
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,012,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	623,000
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET SUITE 300 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,111
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	402,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,721,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,240
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	143
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,604,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET SUITE 300 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31,780
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
FREDERICKSBURG REGIONAL FOODBANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWERHOUSEPO BOX 1007 FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS PO BOX 248 FREDERICKSBURG, VA 22404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS PO BOX 248 FREDERICKSBURG, VA 22404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDERICKSBURG AREA YOUTH DEVELOPME 11203 N CLUB DRIVE FREDERICKSBRG, VA 22408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OLD DOMINION HUMANE SOCIETY 3602 LAFAYETTE BLVD SUITE 102 FREDERICKSBURG, VA 22408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STUDENTS FOR LIFE OF AMERICA INC 4755 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARGARETS SCHOOLPO BOX 158 TAPPAHANNOCK, VA 22560	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
VIRGINIA FUTURE BUSINESS LEADERS OF 115 MARSHALL LANE WINCHESTER, VA 22602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
VIRGINIA FUTURE BUSINESS LEADERS OF 115 MARSHALL LANE WINCHESTER, VA 22602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP WITH NATIVE AMERICANS 14115 LOVERS LANE SUITE 400 CULPEPER, VA 22701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
PARTNERSHIP WITH NATIVE AMERICANS 14115 LOVERS LANE SUITE 400 CULPEPER, VA 22701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SERVICE DOGS BY WARREN RETRIEVERS I PO BOX 647 MADISON, VA 22727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE DOGS BY WARREN RETRIEVERS I PO BOX 647 MADISON, VA 22727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
AMERICAN CANCER SOCIETY INC 420 NEFF AVE STE 210 HARRISONBURG, VA 22801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JAMES MADISON UNIVERSITY FOUNDATION OFFICE OF ANNUAL GIVING -MSC 3603 220 UNIVERSITY BLVD HARRISONBURG, VA 22807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON UNIVERSITY FOUNDATION OFFICE OF ANNUAL GIVING -MSC 3603 220 UNIVERSITY BLVD HARRISONBURG, VA 22807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,300
JAMES MADISON UNIVERSITY FOUNDATION OFFICE OF ANNUAL GIVING -MSC 3603 220 UNIVERSITY BLVD HARRISONBURG, VA 22807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
JAMES MADISON UNIVERSITY FOUNDATION OFFICE OF ANNUAL GIVING -MSC 3603 220 UNIVERSITY BLVD HARRISONBURG, VA 22807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT HOUSING ALLIANCE INCORPORA 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
ALZHEIMERS DISEASE AND RELATED DISO 355 RIO RD WEST SUITE 102 CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,215
ALZHEIMERS DISEASE AND RELATED DISO 355 RIO RD WEST SUITE 102 CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY207 RIDGE ST CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	7,500
BUILDING GOODNESS FOUNDATION128 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA DISCOVERY MUSEUM INC PO BOX 1128 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HAVEN AT FIRST & MARKET INC PO BOX 273 CHARLOTTESVLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHT HOUSE STUDIO INC 121 E WATER ST CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ROAD RUNNERS CLUB OF AMERICA PO BOX 495 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDING GOODNESS FOUNDATION128 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARAMOUNT THEATER OF CHARLOTTESVILL 215 EAST MAIN STREET CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE ARTS INCPO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LIVE ARTS INCPO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SECOND STREET GALLERY INC 115 SECOND STREET SE CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTHA JEFFERSON HOSPITAL FOUNDATIO 459 LOCUST AVENUE CHARLOTTESVILLE, VA 22902	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
ST ANNES-BELFIELD INC 2132 IVY ROAD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
ST ANNES-BELFIELD INC 2132 IVY ROAD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNES-BELFIELD INC 2132 IVY ROAD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RECTOR & VISITORS OF THE UNIVERSITY 617 WEST MAIN STREET CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
ST ANNES-BELFIELD INC 2132 IVY ROAD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 1309 W MAIN STREET CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
MEALS ON WHEELS OF CHARLOTTESVILLE- 704 ROSE HILL DR CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BLUE RIDGE YOUTH GOLF FOUNDATION IN 2421 IVY ROAD SUITE 120 CHARLOTTESVLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 1309 W MAIN STREET CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
RECTOR & VISITORS OF THE UNIVERSITY 417 EMMET STREET SOUTH CHARLOTTESVI LE VA 22904 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECTOR & VISITORS OF THE UNIVERSITY 417 EMMET STREET SOUTH CHARLOTTESVI LE VA 22904 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
RECTOR & VISITORS OF THE UNIVERSITY 417 EMMET STREET SOUTH CHARLOTTESVI LE VA 22904 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250,000
UNIVERSITY OF VIRGINIA SCHOOL OF AR PO BOX 400122 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN AMERICAN TEACHING FELLOWS O PO BOX 5064 CHARLOTTESVILLE, VA 22905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
AFRICAN AMERICAN TEACHING FELLOWS O PO BOX 5064 CHARLOTTESVILLE, VA 22905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
NETWORK FOR AFRICAPO BOX 6609 CHARLOTTESVILLE, VA 22906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISHAN GALA FOUNDATION INC PO BOX 7692 CHARLOTESVILLE, VA 22906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
HOSPICE OF THE PIEDMONT INC 675 PETER JEFFERSON PARKWAY STE 300 CHARLOTTESVILLE, VA 22911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE OF THE PIEDMONT INC 675 PETER JEFFERSON PARKWAY STE 300 CHARLOTTESVILLE, VA 22911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL VIRGINIA PARTNERSHIP FOUNDA 1001 RESEARCH PARK BLVD SUITE 301 CHARLOTTESVILLE, VA 22911	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
MONTPELIER FOUNDATION POST OFFICE BOX 911 ORANGE, VA 22960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FLUVANNA CO PBLC SCHS 14455 JAMES MADISON HIGHWAY PALMYRA, VA 22963	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,925
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST RD WOODBERRY FOREST, VA 22989	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
RICHMOND HOCKEY INC 11900 LERADE CT PO BOX 3011 GLEN ALLEN, VA 23059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX ROAD SUITE 130 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4191 INNSLAKE DRIVE SUITE 201 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	790
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,798
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA RANDOLPH ATHLETIC ASSOCIAT PO BOX 1784 GLEN ALLEN, VA 23060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	267
HUNGARY CREEK MIDDLE 4909 FRANCISTOWN RD GLEN ALLEN, VA 23060	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MICHAEL'S CATHOLIC CHURCH 4491 SPRINGFIELD ROAD GLEN ALLEN, VA 23060	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
JAMESTOWN REDISCOVERY FOUNDATION 1365 COLONIAL PARKWAY JAMESTOWN, VA 23081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHN TYLER COMMUNITY COLLEGE FOUNDA 800 CHARTER COLONY PARKWAY MIDLOTHIAN, VA 23114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLOTHIAN HIGH SCHOOL BAND BOOSTER 401 CHARTER COLONY PKWY MIDLOTHIAN, VA 23114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOY SCOUT TROOP 503 8275 MEADOWBRIDGE ROAD MECHANICSVILLE, VA 23116	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BOY SCOUT TROOP 503 8275 MEADOWBRIDGE ROAD MECHANICSVILLE, VA 23116	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREE CLINIC OF POWHATAN 3908 OLD BUCKINGHAM ROAD POWHATAN, VA 23139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARITY TENNIS CLASSIC INC 3301 ASH VIEW WILLIAMSBURG, VA 23185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,300
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,450
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,050
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,596
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	735
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,512
THE MONTPELIER CENTER FOR ARTS AND PO BOX 82 17205 MOUNTAIN ROAD MONTPELIER, VA 23192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATURE CONSERVANCY 530 E MAIN ST SUITE 820 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
THE LIBRARY OF VIRGINIA FOUNDATION 800 EAST BROAD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCY 530 E MAIN ST SUITE 820 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE GREATER RICHMOND CHAMBER FOUNDA 919 E MAIN STREET SUITE 1700 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
THE GREATER RICHMOND CHAMBER FOUNDA 919 E MAIN STREET SUITE 1700 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA FOUNDATION FOR INDEPENDENT 901 EAST BYRD STREET SUITE 1625 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BETTER HOUSING COALITION 23 WEST BROAD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RICHMOND PERFORMING ARTS ALLIANCE 600 E GRACE STREET SUITE 400 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOUSING OPPORTUNITIES MADE EQUAL OF 626 EAST BROAD STREET SUITE 400 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIA FOUNDATION FOR INDEPENDENT 901 EAST BYRD STREET SUITE 1625 RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SYMPHONY 612 EAST GRACE STREET SUITE 401 RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
RICHMOND BALLET INC 407 EAST CANAL STREET RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND SYMPHONY 612 EAST GRACE STREET SUITE 401 RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREWS SCHOOL 227 SOUTH CHERRY STREET RICHMOND, VA 23220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST ANDREWS SCHOOL 227 SOUTH CHERRY STREET RICHMOND, VA 23220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS MUSEUM OF RICHMOND 2626 W BROAD ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ART 180 INC114 W MARSHALL ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF RICHMOND 2626 W BROAD ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ART 180 INC114 W MARSHALL ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS MUSEUM OF RICHMOND 2626 W BROAD ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MAGGIEWALKER COMMUNITY LAND TR 203 N ROBINSON STREET RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	808
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING VIRGINIA CAMPAIGN INC 203 N ROBINSON STREET RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
VIRGINIA HOUSING ALLIANCE 205 N ROBINSON STREET RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
VIRGINIA HOUSING ALLIANCE 205 N ROBINSON STREET RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 413 STUART CIRCLE SUITE 300 RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,781
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VIRGINIA HOME 1101 HAMPTON STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
ALL SAINTS CATHOLIC SCHOOL 3418 NOBLE AVENUE RICHMOND, VA 23222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
CHURCH HILL ACTIVITIES AND TUTORING PO BOX 23087 RICHMOND, VA 23223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING FAMILIES FIRST 3900 NINE MILE ROAD RICHMOND, VA 23223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
RICHMOND CITY PREGNANCY RESOURCE CE 4705 NINE MILE ROAD RICHMOND, VA 23223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
HOMEWARD1125 COMMERCE ROAD RICHMOND, VA 23224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART CENTER INC 1400 PERRY ST RICHMOND, VA 23224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND RUFF HOUSE 1201 BLAKEMORE RD RICHMOND, VA 23225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
ST CHRISTOPHER'S SCHOOL 711 SAINT CHRISTOPHERS ROAD RICHMOND, VA 23226	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CATHERINES SCHOOL FOUNDATION 6001 GROVE AVENUE RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL VIRGI 1801 LIBBIE AVENUE STE 203 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF CENTRAL VIRGI 1801 LIBBIE AVENUE STE 203 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 7202 GLEN FOREST DRIVE STE 102 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ST CATHERINES SCHOOL 6001 GROVE AVENUE RICHMOND, VA 23226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
NEW COMMUNITY SCHOOL 4211 HERMITAGE ROAD RICHMOND, VA 23227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW COMMUNITY SCHOOL 4211 HERMITAGE ROAD RICHMOND, VA 23227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
WESTMINSTER-CANTERBURY FOUNDATION 1600 WESTBROOK AVENUE RICHMOND, VA 23227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RICHMOND AREA ASSOC FOR RETARDED CI 3600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 1622 EAST PARHAM RD RICHMOND, VA 23228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
F E T C H INC 5711 STAPLES MILL RD STE 101 RICHMOND, VA 23228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL KIDNEY FOUNDATION INC 1622 EAST PARHAM RD RICHMOND, VA 23228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCSHIN FOUNDATION 2300 DUMBARTON RD RICHMOND, VA 23228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
ST MARYS SCHOOL9501 GAYTON ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	556
COLLEGIATE SCHOOL 103 N MOORELAND RD RICHMOND, VA 23229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL9501 GAYTON ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	417
COLLEGIATE SCHOOL 103 N MOORELAND RD RICHMOND, VA 23229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
VIRGINIA HEMOPHILIA FOUNDATION 410 N RIDGE ROAD SUITE 215 RICHMOND, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 1503 SANTA ROSA RD SUITE 120 RICHMOND, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA HEMOPHILIA FOUNDATION 410 N RIDGE ROAD SUITE 215 RICHMOND, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PARTNERSHIP FOR HOUSING AFFORDABILI 8975 THREE CHOPT ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA EARLY CHILDHOOD FOUNDATION 1703 N PARHAM ROAD SUITE 110 RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
BIG BROTHERS & BIG SISTERS SERVICES 1707 SUMMIT AVE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BON SECOURS RICHMOND HEALTH CARE FO 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BON SECOURS RICHMOND HEALTH CARE FO 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMFORT ZONE CAMP INC 6606 WEST BROAD STREET SUITE 401 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUT COMMONWEALTH COUNCIL OF 4900 AUGUSTA AVENUE SUITE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS & BIG SISTERS SERVICES 1707 SUMMIT AVE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET STE 2 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER RICHMOND 2001 MAYWILL STREET SUITE 201 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
BIG BROTHERS & BIG SISTERS SERVICES 1707 SUMMIT AVE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMFORT ZONE CAMP INC 6606 WEST BROAD STREET SUITE 401 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTUREWORKS INC 1906 A NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LEAD VIRGINIA 6800 PARAGON PLACE SUITE 450 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA MENTORING PARTNERSHIP 4900 AUGUSTA AVENUE SUITE 140 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD VIRGINIA 6800 PARAGON PLACE SUITE 450 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
BON SECOURS RICHMOND HEALTH CARE FO 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS & BIG SISTERS SERVICES 1707 SUMMIT AVE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT YOGA RICHMOND INC 6517 DICKENS PLACE RICHMOND, VA 23230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HENRICO EDUCATION FOUNDATION INCORP PO BOX 38488 HENRICO, VA 23231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA CONGRESS OF PARENTS AND TE 3425 PUMP ROAD HENRICO, VA 23233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHILDREN INCORPORATED PO BOX 72848 NORTH CHESTERFIELD, VA 23235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	772
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDREN INCORPORATED PO BOX 72848 NORTH CHESTERFIELD, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1433 JOHNSTON WILLIS DRIVE RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA HISPANIC CHAMBER FOUNDATIO 10700 MIDLOTHIAN TNPK RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP METRO RICHMOND INC 9211 FOREST HILL AVENUE SUITE 200-A RICHMOND, VA 23235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LEADERSHIP METRO RICHMOND INC 9211 FOREST HILL AVENUE SUITE 200-A RICHMOND, VA 23235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA PHARMACEUTICAL ASSOC RESEA 2530 PROFESSIONAL ROAD RICHMOND, VA 23235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
VIRGINIA PHARMACEUTICAL ASSOC RESEA 2530 PROFESSIONAL ROAD RICHMOND, VA 23235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
TRINITY EPISCOPAL SCHOOL 3850 PITTAWAY DRIVE RICHMOND, VA 23235	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA FOUNDATION FOR COMMUNITY C 300 ARBORETUM PLACE SUITE 200 RICHMOND, VA 23236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE STEWARD SCHOOL 11600 GAYTON ROAD RICHMOND, VA 23238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CAMP KESEM NATIONALPO BOX 12432 RICHMOND, VA 23241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATS CRADLE OF GREATER RICHMOND INC PO BOX 70040 RICHMOND, VA 23255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CATS CRADLE OF GREATER RICHMOND INC PO BOX 70040 RICHMOND, VA 23255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATS CRADLE OF GREATER RICHMOND INC PO BOX 70040 RICHMOND, VA 23255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATS CRADLE OF GREATER RICHMOND INC PO BOX 70040 RICHMOND, VA 23255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EMBRACEPO BOX 25880 RICHMOND, VA 23260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
STRATEGIES TO ELEVATE PEOPLE RICHMO PO BOX 25574 RICHMOND, VA 23260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA HOME FOR BOYS AND GIRLS 8716 W BROAD STREET HENRICO, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
VIRGINIA HOME FOR BOYS AND GIRLS 8716 W BROAD STREET HENRICO, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMUNITY CAPITAL INC 7184 CAROUSEL LANE SUITE 100 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIA BREAST CANCER FOUNDATION 2821 EMERYWOOD PARKWAY SUITE 203 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,673
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	822
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,789
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,818
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 870 GREENBRIER CIRCLE SUITE 404 CHESAPEAKE, VA 23320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INC 860 GREENBRIER CIRCLE SUITE 502 CHESAPEAKE, VA 23320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 310 SHEA DRIVE CHESAPEAKE, VA 23322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUFFOLK CENTER FOR CULTURAL ARTS FO 110 WEST FINNEY AVENUE SUFFOLK, VA 23434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAPERNAUM MINISTRIES INC PO BOX 563 VIRGINIA BCH, VA 23451	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA AQUARIUM & MARINE SCIENCE 717 GENERAL BOOTH BLVD SUITE 10 VIRGINIA BEACH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CAPERNAUM MINISTRIES INC PO BOX 563 VIRGINIA BCH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
PIN MINISTRY503 15TH ST VIRGINIA BCH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 4669 SOUTH BOULEVARD SUITE 103 VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4669 SOUTH BOULEVARD SUITE 103 VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FAMILIES OF AUTISTIC CHILDREN OF TI 120 S LYNNHAVEN RD VIRGINIA BEACH, VA 23452	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANGUARD LANDING INC 2133 UPTON DRIVE STE 125 BOX 272 VIRGINIA BEACH, VA 23454	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VIRGINIA WESLEYAN UNIVERSITY 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
31HEROES PROJECTS 2109 THOROUGHGOOD RD 55436 VIRGINIA BEACH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTHEAST VIR 1300 DIAMOND SPRINGS ROAD SUITE 300 VIRGINIA BEACH, VA 23455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BCH, VA 23455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUBS OF SOUTHEAST VIR 1300 DIAMOND SPRINGS ROAD SUITE 300 VIRGINIA BEACH, VA 23455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
POLICE UNITY TOUR INCPO BOX 56385 VIRGINIA BEACH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,800
NAVY SEAL FOUNDATION INC 1619 D ST BUILDING 5326 VIRGINIA BEACH, VA 23459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
JDRF INTERNATIONAL 291 INDEPENDENCE BLVD SUITE 517 VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDLER CENTER FOR THE PERFORMING A 201 MARKET ST VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TOBYS DREAM FOUNDATION INC 283 CONSTITUTION DRIVE SUITE 600 VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF GREATER HAMPT 160 NEWTOWN ROAD SUITE 102 VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDLER CENTER FOR THE PERFORMING A 201 MARKET ST VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SANDLER CENTER FOR THE PERFORMING A 201 MARKET ST VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BISHOP SULLIVAN CATHOLIC HIGH SCHOO 4552 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BACK TO THE GARDEN MINISTRIES INC 1385 FORDHAM DRIVE SUITE 105171 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 388 NORFOLK, VA 23501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
ST MARYS HOME FOR DISABLED CHILDREN 6171 KEMPSVILLE CIRCLE NORFOLK, VA 23502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG AUDIENCES OF VIRGINIA INC 420 N CENTER DRIVE STE 239 NORFOLK, VA 23502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUNG AUDIENCES OF VIRGINIA INC 420 N CENTER DRIVE STE 239 NORFOLK, VA 23502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
YOUNG AUDIENCES OF VIRGINIA INC 420 N CENTER DRIVE STE 239 NORFOLK, VA 23502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE SUITE 500 NORFOLK, VA 23505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HORIZONS HAMPTON ROADS INC 7336 GRANBY ST NORFOLK, VA 23505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS HAMPTON ROADS INC 7336 GRANBY ST NORFOLK, VA 23505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY IMMACULATE FOUNDATION 150 KINGSLEY LANE 55012 NORFOLK, VA 23505	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
ST PATRICK CATHOLIC SCHOOL 1000 BOLLING AVENUE NORFOLK, VA 23508	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,676
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GOVERNORS MAGNET SCHOOL FOR THE ART 254 GRANBY STREET NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 611 W BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 500 EAST PLUME STREET SUITE 700 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 611 W BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 500 EAST PLUME STREET SUITE 700 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF NORFOLK-VIRGINIA B PO BOX 956 NORFOLK, VA 23510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NORFOLK ROTARY CHARITIES INC 414 W BUTE STREET NORFORK, VA 23510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LGBT LIFE CENTER 222 W 21ST STREET F-308 NORFOLK, VA 23517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TIDEWATER ARTS OUTREACH 809 BRANDON AVE STE 300 NORFOLK, VA 23517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TIDEWATER ARTS OUTREACH 809 BRANDON AVE STE 300 NORFOLK, VA 23517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK BOTANICAL GARDEN INC 6700 AZALEA GARDEN ROAD NORFOLK, VA 23518	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AN ACHIEVABLE DREAM INC 10858 WARWICK BLVD SUITE A NEWPORT NEWS, VA 23601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE PENINSULA METROPOLITAN YOUNG ME 41 OLD OYSTER POINT ROAD SUITE C NEWPORT NEWS, VA 23602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 11835 CANON BLVD SUITE A102 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUNDSCAPES INC 11712 JEFFERSON AVE STE C 473 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF THE VIRGINIA PENINSUL 11820 FOUNTAIN WAY SUITE 206 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
AMERICAN CANCER SOCIETY INC 11835 CANON BLVD SUITE A102 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PENINSULA FINE ARTS CENTER INC WWWPFAC-VAORG NEWPORT NEWS, VA 23606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	530
PENINSULA FINE ARTS CENTER INC WWWPFAC-VAORG NEWPORT NEWS, VA 23606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WARWICK ROTARY FOUNDATION PO BOX 120472 NEWPORT NEWS, VA 23612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PENINSULA COMMUNITY FOUNDATION OF V 48 W QUEENS WAY HAMPTON, VA 23669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVET MEDICAL MINISTRY INC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MERCY CHEFS INC 711 WASHINGTON ST PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITIES IN SCHOOLS OF HAMPTON R PO BOX 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF HAMPTON R PO BOX 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITIES IN SCHOOLS OF PETERSBUR 255 ESOUTH BOULEVARD PETERSBURG, VA 23805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS CHESTERFIELD PO BOX 10 CHESTERFIELD, VA 23832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIAS GATEWAY REGION INC 256 E ELLERSLIE AVE SUITE D COLONIAL HEIGHTS, VA 23834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIAS GATEWAY REGION INC 256 E ELLERSLIE AVE SUITE D COLONIAL HEIGHTS, VA 23834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PAUL D CAMP COMMUNITY COLLEGE FOUND 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL D CAMP COMMUNITY COLLEGE FOUND 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,675
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
MILL MOUNTAIN ZOO INCPO BOX 8159 ROANOKE, VA 24014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 3520 KINGSBURY LANE ROANOKE, VA 24014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
SOUTHWEST VIRGINIA BALLET COMPANY PO BOX 3275 ROANOKE, VA 24015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF ROANOKE 124 WELLS AVE ROANOKE, VA 24016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ROANOKE 124 WELLS AVE ROANOKE, VA 24016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ASSISI ANIMAL CLINICS OF VIRGINIA I 415 CAMPBELL AVE SW ROANOKE, VA 24016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILD HEALTH INVESTMENT PARTNERSHIP 1201 3RD STREET SW ROANOKE, VA 24016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	738
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTT ROBERTSON MEMORIAL JUNIOR GOL 3707 DENSMORE ROAD NW ROANOKE, VA 24017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 3959 ELECTRIC ROAD SUITE 222 ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 3140 CHAPARRAL DRIVE BLDG C SUITE 106 ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 3959 ELECTRIC ROAD SUITE 222 ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC RD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3959 ELECTRIC ROAD SUITE 222 ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 3959 ELECTRIC ROAD SUITE 222 ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE, VA 24019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE, VA 24019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE TO WALK 3635 SOUTH MAIN STREET STE A BLACKSBURG, VA 24060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VIRGINIA TECH 800 WASHINGTON STREET SW BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	600
VIRGINIA POLYTECHNIC INSTITUTE AND 800 WASHINGTON STREET SW BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH 800 WASHINGTON STREET SW BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	275
BIKE THE US FOR MS INC PO BOX 10001 BLACKSBURG, VA 24062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BIKE THE US FOR MS INC PO BOX 10001 BLACKSBURG, VA 24062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT STARFISH-HAITI 217 HARDWOOD COURT HARDY, VA 24101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,354
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MORRISON SCHOOL 200 N PINECREST LANE BRISTOL, VA 24201	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHPLACE OF COUNTRY MUSIC ALLIANC PO BOX 1927 BRISTOL, TN 24202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ANIMAL DEFENSE LEAGUE OF WASHINGTON PO BOX 2099 ABINGDON, VA 24212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANIMAL DEFENSE LEAGUE OF WASHINGTON PO BOX 2099 ABINGDON, VA 24212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SHAKESPEARE CENTER 20 SOUTH NEW ST FL 4 STAUNTON, VA 24401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
HABITAT FOR HUMANITY INTERNATIONAL 360 ALLEGHANY AVENUE LYNCHBURG, VA 24501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LYNCHBURG HUMANE SOCIETY INC 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,391
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRIAMS HOUSE INC 409 MAGNOLIA STREET LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MIRIAMS HOUSE INC 409 MAGNOLIA STREET LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LYNCHBURG BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
SWEET BRIAR INSTITUTEP O BOX 1057 SWEET BRIAR, VA 24595	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUEFIELD COLLEGE 3000 COLLEGE AVENUE BLUEFIELD, VA 24605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BLUEFIELD COLLEGE 3000 COLLEGE AVENUE BLUEFIELD, VA 24605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BLUEFIELD COLLEGE 3000 COLLEGE AVENUE BLUEFIELD, VA 24605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIL KNIGHTS EDUCATION AND SPORTS 128 JET BOTTOM ROAD WELCH, WV 24801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MATORS KIDS FOUNDATION INC P O BOX 866 BELLE, WV 25015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 162 COURT ST CHARLESTON, WV 25301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILITARY WORKING DOG TEAM SUPPORT A 3501 MACCORKLE AVE SE 326 CHARLESTON, WV 25304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAMC FOUNDATION INC 3414 STAUNTON AVENUE SE CHARLESTON, WV 25304	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	335
CAMC FOUNDATION INC 3414 STAUNTON AVENUE SE CHARLESTON, WV 25304	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMC FOUNDATION INC 3414 STAUNTON AVENUE SE CHARLESTON, WV 25304	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
APPALACHIAN TRAIL CONSERVANCY PO BOX 807 HARPERS FERRY, WV 25425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CABELL HUNTINGTON HOSPITAL FOUNDATI 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGLEBAY FOUNDATION INC 255 MANSION DRIVE WHEELING, WV 26003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BETHANY COLLEGE 31 EAST CAMPUS DRIVE 7 BETHANY, WV 26032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
MARSHALL COUNTY RESCUE LEAGUE INCOR 74 ANIMAL SHELTER DR MOUNDSVILLE, WV 26041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION WELCOME HOME 889 MYLAN PARK LANE MORGANTOWN, WV 26501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WHISKERS RESCUE FOUNDATION PO BOX 293 EAST END, NC 27018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWISVILLE ELEMENTARY 150 LUCY LANE LEWISVILLE, NC 27023	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 1106 BURKE STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 N MAIN ST SUITE 1900 WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1106 BURKE STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
THE SHALOM PROJECT INC 639 S GREEN STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WINSTON-SALEM STREET SCHOOL 630 W SIXTH STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 N MAIN STREET SUITE 1900 WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ARTS COUNCIL INCORPORATED WINSTON-S 251 N SPRUCE ST WINSTONSALEM, NC 27101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS COUNCIL INCORPORATED WINSTON-S 251 N SPRUCE ST WINSTONSALEM, NC 27101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
YMCA OF NORTHWEST NC FORSYTH 301 N MAIN ST SUITE 1900 WINSTONSALEM, NC 27101	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
WINSTON SALEMFORSYTH COUNTY SCHOOL PO BOX 2513 WINSTON SALEM, NC 27102	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH MEDICAL CENTER FOUNDATION 1701 S HAWTHORNE ROAD WINSTON SALEM, NC 27103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SENIOR SERVICES INC 2895 SHOREFAIR DRIVE WINSTONSALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TCK PROVIDENCE INC 5790 UNIVERSITY PKWY WINSTONSALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
NEIGHBORS FOR BETTER NEIGHBORHOODS 1650 IVY AVENUE WINSTONSALEM, NC 27105	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,213
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,200
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,356
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,850
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
MEADOWLARK ELEMENTARY 401 MEADOWLARK ROAD WINSTONSALEM, NC 27106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR SMART FINANCIAL CHOICES 1922 S MARTIN LUTHER KING DRIVE BOX P WINSTON SALEM, NC 27107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PTA NORTH CAROLINA CONGRESS 2355 PLEASANT ST WINSTONSALEM, NC 27107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	156
WINSTON-SALEM STATE UNIVERSITY FOUN 311 BLAIR HALL WINSTON SALEM, NC 27110	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE OF WINSTON SALEM INC PO BOX 26672 WINSTON SALEM, NC 27114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
WAKE FOREST UNIVERSITY HEALTH SCIEN MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WAKE FOREST UNIVERSITY HEALTH SCIEN MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY HEALTH SCIEN MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF ALAMANCE COUNTY INC 220 EAST FRONT STREET BURLINGTON, NC 27215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LITTLE PINK HOUSES OF HOPE 2442 TRIBEK COURT BURLINGTON, NC 27215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIED CHURCHES OF ALAMANCE COUNTY 206 N FISHER STREET BURLINGTON, NC 27216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS PO BOX 875 BURLINGTON, NC 27216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,375
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ALAMANCE COMMUNITY COLLEGE FOUNDATI PO BOX 8000 GRAHAM, NC 27253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALAMANCE COMMUNITY COLLEGE FOUNDATI PO BOX 8000 GRAHAM, NC 27253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH POINT LEAP401 TAYLOR AVENUE HIGH POINT, NC 27260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HIGH POINT ARTS COUNCIL INC 121 S CENTENNIAL STREET HIGH POINT, NC 27260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
HIGH POINT ARTS COUNCIL INC 121 S CENTENNIAL STREET HIGH POINT, NC 27260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH POINT ARTS COUNCIL INC 121 S CENTENNIAL STREET HIGH POINT, NC 27260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PIEDMONT PANTHERS FOOTBALL AND CHEE PO BOX 1795 HIGH POINT, NC 27261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HIGH POINT UNIVERSITY 1 UNIVERSITY PKWY HIGH POINT, NC 27262	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH POINT UNIVERSITY 1 UNIVERSITY PKWY HIGH POINT, NC 27262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,994
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
HOSPICE OF THE PIEDMONT INC 1801 WESTCHESTER DRIVE HIGH POINT, NC 27262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDEN FAMILY YMCA 301 S KENNEDY AVE EDEN, NC 27288	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 S KENNEDY ST EDEN, NC 27288	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREYHOUND FRIENDS OF NORTH CAROLINA 2908-A OAK RIDGE RD OAK RIDGE, NC 27310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND FRIENDS OF NORTH CAROLINA 2908-A OAK RIDGE RD OAK RIDGE, NC 27310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHATHAM OUTREACH ALLIANCE INC PO BOX 1326 PITTSBORO, NC 27312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SUMMERFIELD CHARTER ACADEMY 5303 HWY 220 N SUMMERFIELD, NC 27358	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF THOMASVILLE INC PO BOX 1821 THOMASVILLE, NC 27361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NEW HOPE BAPTIST CHURCH 306 SOUTH ENGLISH ST GREENSBORO, NC 27401	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,975
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INTERACTIVE RESOURCE CENTER INC 407 E WASHINGTON ST GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
TEACH FOR AMERICA INC 100 NORTH ELM STREET SUITE 302 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERACTIVE RESOURCE CENTER INC 407 E WASHINGTON ST GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
NORTH CAROLINA THEATRE CONFERENCE 232 SOUTH ELM STREET GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHACTION INTERNATIONAL HOUSE 705 N GREENE STREET GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GREENSBORO CHILDRENS MUSEUM 220 N CHURCH STREET GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,420
FAITHACTION INTERNATIONAL HOUSE 705 N GREENE STREET GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
INTERACTIVE RESOURCE CENTER INC 407 E WASHINGTON ST GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,430
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE NEW FRIENDS OF THE GREENSBORO P PO BOX 3178 GREENSBORO, NC 27402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
UNITED ARTS COUNCIL OF GREATER GREE PO BOX 877 GREENSBORO, NC 27402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIT PIT BULL FOUNDATION PO BOX 10744 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1031 SUMMIT AVE 2W-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 1031 SUMMIT AVE 2W-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
GREENSBORO HOUSING COALITION INC 1031 SUMMIT AVENUE SUITE 1E-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1031 SUMMIT AVE 2W-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
HOUSING CONSULTANTS GROUP 1031 SUMMIT AVENUE SUITE 2E-2 GREENSBORO NC 27405 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOUSING CONSULTANTS GROUP 1031 SUMMIT AVENUE SUITE 2E-2 GREENSBORO NC 27405 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILFORD EDUCATION ALLIANCE INC 311 POMONA DRIVE SUITE E GREENSBORO, NC 27407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN CANCER SOCIETY INC 4 OAK BRANCH DR GREENSBORO, NC 27407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
AMERICAN CANCER SOCIETY INC 4 OAK BRANCH DR GREENSBORO, NC 27407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKPACK BEGINNINGS 1852 BANKING STREET 9024 GREENSBORO, NC 27408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF THE TRIAD INC 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF THE TRIAD INC 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK ROAD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,729
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK ROAD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,138
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK ROAD SUITE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK ROAD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK ROAD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
GUILFORD COLLEGE 5800 WEST FRIENDLY AVENUE GREENSBORO, NC 27410	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILFORD COLLEGE 5800 WEST FRIENDLY AVENUE GREENSBORO, NC 27410	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,900
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN NATIONAL RED CROSS PO BOX 14710 GREENSBORO, NC 27415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROOM AT THE INN INCPO BOX 13936 GREENSBORO, NC 27415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREENSBORO PARKS ANDRECR 3110 FOREST LAWN DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HART-2-HEART RESCUE INC 5408 CENTURY OAKS DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF GREENSBORO PARKS ANDRECR 3110 FOREST LAWN DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HART-2-HEART RESCUE INC 5408 CENTURY OAKS DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NORTHERN GUILFORD ELEMENTARY 3801 NC HIGHWAY 150 EAST GREENSBORO, NC 27455	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS FOR YOUTH INC 205 LLOYD STREET SUITE 103 CARRBORO, NC 27510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HANDICAP ENCOUNTER CHRIST PO BOX 383 CARY, NC 27512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,955
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,145
LUNG TRANSPLANT FOUNDATION 209 EXCALIBUR COURT CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,015
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,310
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE YOUNG MENS CHRISTIAN ASSOCIATIO 101 YMCA DR CARY, NC 27513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 101 YMCA DR CARY, NC 27513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
NORTH CAROLINA STATE BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,113
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	18,075
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,439
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HABITAT FOR HUMANITY ORANGE COUNTY 88 VILCOM CENTER DRIVE SUITE L110 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,325
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
COMMUNITY EMPOWERMENT FUND 208 N COLUMBIA STREET SUITE 100 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FUND FOR HUMAN POSSIBILITY P O BOX 331 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOTANICAL GARDEN FOUNDATION INC PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CHAPEL HILL - CARRBORO - MEALS ON W PO BOX 2102 CHAPEL HILL, NC 27515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOME TRUSTPO BOX 2315 CHAPEL HILL, NC 27515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
MEDICAL FOUNDATION OF NORTH CAROLIN 123 W FRANKLIN ST STE 510 CB7565 CHAPEL HILL, NC 27516	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	30
UNIVERSITY OF NORTH CAROLINA AT CHA 120 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	101
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COLLEGE ADVISING CORPS INC 301 W BARBEE CHAPEL ROAD SUITE 210 CHAPEL HILL, NC 27517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
PUPPET SHOW207 OAK PARK DRIVE CHAPEL HILL, NC 27517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PUPPET SHOW207 OAK PARK DRIVE CHAPEL HILL, NC 27517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREL PARK ELEMENTARY 2450 LAURA DUNCAN RD APEX, NC 27523	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
SALEM MIDDLE6150 OLD JENKS ROAD APEX, NC 27523	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
REBUILDING TOGETHER OF THE TRIANGLE 150 DONMOOR COURT GARNER, NC 27529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIEW ELEMENTARY 11755 CLEVELAND ROAD GARNER, NC 27529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	281
AMERICAN HEART ASSOCIATION INC 3131 RDU CENTER DR STE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD STE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE TRI 808 AVIATION PARKWAY SUITE 900 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS OF THE TRI 808 AVIATION PARKWAY SUITE 900 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 3131 RDU CENTER DR STE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	481
SUSAN G KOMEN BREAST CANCER FOUNDAT 600 AIRPORT BOULEVARD SUITE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	746
AMERICAN HEART ASSOCIATION INC 3131 RDU CENTER DR STE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS FLIGHT OF HOPE INC 1101 AVIATION PARKWAY SUITE D MORRISVILLE, NC 27560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CHIHUAHUA RESCUE & TRANSPORT INC 83 HUNTERS EDGE DR TIMBERLAKE, NC 27583	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH CAROLINA AT CHA 206 W FRANKLIN STREET SUITE 100 CHAPEL HILL, NC 27599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA 206 W FRANKLIN STREET SUITE 100 CHAPEL HILL, NC 27599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
INSTITUTE FOR THE PUBLIC TRUST 5 WEST HARGETT STREET STE 212 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CONSERVATION NETWORK 234 FAYETTEVILLE STREET 5TH FLOOR RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARBLES KIDS MUSEUM 201 E HARGETT STREET RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	511
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF OAKS FOUNDATION INC 222 W HARGETT STREET RALEIGH, NC 27601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
CITY OF OAKS FOUNDATION INC 222 W HARGETT STREET RALEIGH, NC 27601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	26,000
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN HOUSE INC 600 WEST CABARRAUS ST RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
UNITED ARTS COUNCIL OF RALEIGH AND 410 GLENWOOD AVENUE SUITE 170 RALEIGH, NC 27603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNITED ARTS COUNCIL OF RALEIGH AND 410 GLENWOOD AVENUE SUITE 170 RALEIGH, NC 27603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST MARYS SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MARYS SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
THE SALVATION ARMY 1863 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
FRANKIE LEMMON SCHOOL AND DEVELOPME 3101 POPLARWOOD CT SUITE 100 RALEIGH, NC 27604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTIVATE GOOD INC 1053 EAST WHITAKER MILL ROAD RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DRESS FOR SUCCESS TRIANGLE NC 1812 TILLERY PLACE SUITE 105 RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE GREEN CHAIR PROJECT INC 1853 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA SMALL BUSINESS DEVELOPMENT 3128 HIGHWOODS BLVD SUITE 170 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CAROLINA SMALL BUSINESS DEVELOPMENT 3128 HIGHWOODS BLVD SUITE 170 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ALLIANCE OF AIDS SERVICES-CAROLINA 1637 OLD LOUISBURG RD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,520
DRESS FOR SUCCESS TRIANGLE NC 1812 TILLERY PLACE SUITE 105 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CAROLINA BALLET INC 3401-131 ATLANTIC AVE RALEIGH, NC 27604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BOULEVARD RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF EASTERN NORTH 4904 WATERS EDGE DRIVE SUITE 155 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BOULEVARD RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BOULEVARD RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 5104 WESTERN BLVD SUITE B RALEIGH, NC 27606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,438
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYNER ELEMENTARY 2300 LOWDEN STREET RALEIGH, NC 27608	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTER FOR THE CARE 1004 DRESSERT COURT SUITE 107 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,320
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DR STE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,637
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTER FOR THE CARE 1004 DRESSERT COURT SUITE 107 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DR STE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
NORTH CAROLINA CENTER FOR THE CARE 1004 DRESSERT COURT SUITE 107 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,300
NORTH CAROLINA HOUSING COALITION IN 5800 FARINGDON PL RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,450
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 5510 SIX FORKS RD STE 107 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3101 INDUSTRIAL DR STE 210 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,452
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	814
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIEL CENTER FOR MATH AND SCIENCE 735 ROCK QUARRY ROAD RALEIGH, NC 27610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE ALICE AYCOCK POE CENTER FOR HEA 224 SUNNYBROOK ROAD RALEIGH, NC 27610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
PASSAGE HOME INCPO BOX 28165 RALEIGH, NC 27611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HELP ONE NOWPO BOX 26716 RALEIGH, NC 27611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASSAGE HOME INCPO BOX 28165 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
HELP ONE NOWPO BOX 26716 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
THE NORTH CAROLINA MUSEUM OF HISTOR PO BOX 25937 RALEIGH, NC 27611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,734
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER INITIATIVE 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	985
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FIGHTING BLINDNESS INC 4600 MARIOTT DRIVE SUITE 340 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER INITIATIVE 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,070
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS NORTH CAROLINA INC 5171 GLENWOOD AVE STE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVENUE SUITE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,060
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 7101 CREEDMOOR RD SUITE 130 RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GFWC OF NORTH CAROLINA INC 7474 CREEDMOOR RD 310 RALEIGH, NC 27613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS NORTH CAROLINA INC 9131 ANSON WAY SUITE 206 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING THE CAROLINAS 9121 ANSON WAY SUITE 200 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRIANGLE GOLF FOUNDATION INC 8800 WESTGATE PARK DRIVE SUITE 104 RALEIGH, NC 27617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 NORTH PEARTREE LANE RALEIGH, NC 27620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
INVISIBLE GIRL PROJECTPO BOX 99068 RALEIGH, NC 27624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
INVISIBLE GIRL PROJECTPO BOX 99068 RALEIGH, NC 27624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INVISIBLE GIRL PROJECTPO BOX 99068 RALEIGH, NC 27624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
DURHAM REVIAL WORSHIP CENTER 815 RAMSEUR ST STE B DURHAM, NC 27701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MADE IN DURHAM307 W MAIN ST DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 334 BLACKWELL STREET SUITE 300 DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE HOPE PROJECT LIVE LOVE SERVE IN 112 BROADWAY STREET SUITE B DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CAROLINA THEATRE OF DURHAM INC 309 WEST MORGAN STREET DURHAM, NC 27701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDZNOTESPO BOX 200 DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN MINISTRIES OF DURHAM INC 410 LIBERTY ST DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOUTHERN DOCUMENTARY FUND PO BOX 3622 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KIDZNOTESPO BOX 200 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DURHAM LIBRARY FOUNDATION PO BOX 25246 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOCIETY OF SAINT ANDREW INC PO BOX 25081 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DURHAM NATIVITY SCHOOL PO BOX 3537 DURHAM, NC 27702	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSIONS MINISTRIES INC PO BOX 11858 DURHAM, NC 27703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF DURHAM INC 2522 ROSS ROAD DURHAM, NC 27703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
MEALS ON WHEELS OF DURHAM INC 2522 ROSS ROAD DURHAM, NC 27703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
DURHAM TECHNICAL COMMUNITY COLLEGE 1637 E LAWSON ST DURHAM, NC 27703	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	23,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY2301 ERWIN ROAD DURHAM, NC 27705	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DURHAM ACADEMY INC 3601 RIDGE ROAD DURHAM, NC 27705	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
GERMAN SHEPHERD DOG RESCUE AND ADOP 1821 HILLANDALE RD SUITE 1B 326 DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMAN SHEPHERD DOG RESCUE AND ADOP 1821 HILLANDALE RD SUITE 1B 326 DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE OF DURHAM INC 506 ALEXANDER AVE DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOUSING FOR NEW HOPE INC 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMAN SHEPHERD DOG RESCUE AND ADOP 1821 HILLANDALE RD SUITE 1B 326 DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
BRIDGE II SPORTS 3729 MURPHEY SCHOOL RD DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EPWORTH UNITED METHODIST CHURCH 3002 HOPE VALLEY RD DURHAM, NC 27707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPWORTH UNITED METHODIST CHURCH 3002 HOPE VALLEY RD DURHAM, NC 27707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,150
GIRLS ON THE RUN OF THE TRIANGLE IN 1415 WEST HWY 54 SUITE 211 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITIES IN SCHOOLS OF DURHAM 3412 WESTGATE DRIVE SUITE 301 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DUKE UNIVERSITY HEALTH SYSTEM INC BOX 90581 DURHAM, NC 27708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
DUKE UNIVERSITY HEALTH SYSTEM INC BOX 90581 DURHAM, NC 27708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 315 TOWERVIEW DRIVE CROWELL EE207 BOX 97852 DURHAM, NC 27708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CAMP KESEM NATIONAL 315 TOWERVIEW DRIVE CROWELL EE207 BOX 97852 DURHAM, NC 27708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAST COAST GREENWAY ALLIANCE INC 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FREDERICK A EDGERTON JR FOUNDATION 6409 FAYETTEVILLE RD STE 120-232 DURHAM, NC 27713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN MINISTRIES OF DURHAM INC 410 LIBERTY ST DURHAM NC 27702 DURHAM, NC 27713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOMENS INSTITUTE FOR SECONDARY EDUC PO BOX 3186 DURHAM, NC 27715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA ADOPT-A-BULLS PO BOX 61454 DURHAM, NC 27715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAROLINA ADOPT-A-BULLS PO BOX 61454 DURHAM, NC 27715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAROLINA ADOPT-A-BULLS PO BOX 61454 DURHAM, NC 27715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA ADOPT-A-BULLS PO BOX 61454 DURHAM, NC 27715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAROLINA ADOPT-A-BULLS PO BOX 61454 DURHAM, NC 27715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
L I F E SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR YOUTHPO BOX 51235 DURHAM, NC 27717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
HAITI OUTREACH MINISTRIES POST OFFICE BOX 71042 DURHAM, NC 27722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
HAITI OUTREACH MINISTRIES POST OFFICE BOX 71042 DURHAM, NC 27722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L I F E OF NC INC POST OFFICE BOX 30733 GREENVILLE, NC 27833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	253
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNIVERSITY HEALTH SYSTEMS OF EASTER 690 MEDICAL DRIVE GREENVILLE, NC 27835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 700-A CROMWELL DR GREENVILLE, NC 27858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ARTS COUNCIL OF WILSON INC 124 NASH STREET SW WILSON, NC 27893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WILSON YOUTH UNITED 910 TARBORO STREET WILSON, NC 27893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS COUNCIL OF WILSON INC 124 NASH STREET SW WILSON, NC 27893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTS COUNCIL OF WILSON INC 124 NASH STREET SW WILSON, NC 27893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GREENFIELD SCHOOL 3351 NC HIGHWAY 42 W WILSON, NC 27893	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,253
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCIENCE MUSEUMS OF WILSON INC PO BOX 2127 WILSON, NC 27894	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILSON COUNTY INTERFAITH SERVICES I PO BOX 2164 WILSON, NC 27894	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MID-ATLANTIC CHRISTIAN UNIVERSITY I 715 NORTH POINDEXTER STREET ELIZABETH CITY, NC 27909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCRACOKE FOUNDATION INC PO BOX 1689 OCRACOKE, NC 27960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 28010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY ROAD BELMONT, NC 28012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY ROAD BELMONT, NC 28012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
DANIEL JONATHAN STOWE CONSERVANCY 6500 S NEW HOPE ROAD BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NOT BAD MISUNDERSTOOD INC 118 WALNUT CREEK RD BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIEL JONATHAN STOWE CONSERVANCY 6500 S NEW HOPE ROAD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
DANIEL JONATHAN STOWE CONSERVANCY 6500 S NEW HOPE ROAD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RAGING STORM BAND BOOSTER FRONT INC 101 LAKEWOOD ROAD BELMONT, NC 28012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIEL STOWE BOTANICAL GARDEN FOUND 6500 SOUTH NEW HOPE ROAD BELMONT, NC 28012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
DANIEL STOWE BOTANICAL GARDEN FOUND 6500 SOUTH NEW HOPE ROAD BELMONT, NC 28012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
STUART W CRAMER HIGH 101 LAKEWOOD RD BELMONT, NC 28012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHTS PROMISE INC405 ROSS ST CHINA GROVE, NC 28023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MIDNIGHTS PROMISE INC405 ROSS ST CHINA GROVE, NC 28023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASH-SHAHEED SCHOLARSHIP FUND PO BOX 676 CHINA GROVE, NC 28023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARSON HIGH290 KRESS VENTURE DR CHINA GROVE, NC 28023	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CARSON HIGH290 KRESS VENTURE DR CHINA GROVE, NC 28023	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MILLBRIDGE ELEMENTARY 155 ED DEAL ROAD CHINA GROVE, NC 28023	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLBRIDGE ELEMENTARY 155 ED DEAL ROAD CHINA GROVE, NC 28023	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CAROLINAS MEDICAL CENTER-NORTHEAST 920 CHURCH STREET NORTH CONCORD, NC 28025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FREE CLINIC 528-A LAKE CONCORD ROAD CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
HABITAT FOR HUMANITY INTERNATIONAL HABITATCABARRUSORG CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
C C GRIFFIN MIDDLE 7650 GRIFFINS GATE DRIVE CONCORD, NC 28025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY EDUCATION PROJECT 8611 CONCORD MILLS BLVD CONCORD, NC 28027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
HOPE ACADEMY OF CHARLOTTE 7655 BRUTON SMITH BLVD CONCORD, NC 28027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
COMMUNITY EDUCATION PROJECT 8611 CONCORD MILLS BLVD CONCORD, NC 28027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ACADEMY OF CHARLOTTE 7655 BRUTON SMITH BLVD CONCORD, NC 28027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,800
CARL A FURR PTO2725 CLOVER ROAD CONCORD, NC 28027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	446
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J N FRIES MIDDLE SCHOOL PTSO 133 STONECREST CIRCLE SW CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF CONCORD & GREATER PO BOX 5347 CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COX MILL HIGH SCHOOL 1355 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COX MILL ELEMENTARY 1450 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COX MILL HIGH SCHOOL 1355 COX MILL RD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COX MILL ELEMENTARY 1450 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COX MILL ELEMENTARY 1450 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
COX MILL ELEMENTARY 1450 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
HARRIS ROAD MIDDLE 1251 PATRIOT BLVD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS CHARTER ACADEMY 355 POPLAR CROSSING DR NW CONCORD, NC 28027	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	300
YMCA OF GREATER CHARLOTTE 21300 DAVIDSON ST CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
YOUNG ELITES INCPO BOX 547 CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG ELITES INCPO BOX 547 CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
YMCA OF GREATER CHARLOTTE 21300 DAVIDSON ST CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WILLIAM A HOUGH SENIOR HIGH SCHOOL 12420 BAILEY RD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNNINGHILL JILL KIDS 16618 FLYING JILL ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
PTA NORTH CAROLINA CONGRESS 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 11900 BAILEY RD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILLIAM A HOUGH SENIOR HIGH SCHOOL 12420 BAILEY RD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SUNNINGHILL JILL KIDS 16618 FLYING JILL ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	780
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM AMOS HOUGH HIGH 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
BAILEY MIDDLE11900 BAILEY RD CORNELIUS, NC 28031	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	14,864
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,250
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED 19631 RIVER FALLS DRIVE DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
A GIVING SPIRIT FOUNDATION PO BOX 815 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ATHLETIC BOOSTER PO BOX 1929 DAVIDSON, NC 28036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ROCK SPRINGS ELEMENTARY SCHOOL PTO 3633 NORTH HIGHWAY 16 DENVER, NC 28037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	313
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
ST JAMES ELEMENTARY 1774 ST JAMES CHURCH ROAD DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CHARTER SCHOOL 7834 GALWAY LANE DENVER, NC 28037	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
PREVENT CHILD ABUSE GASTON INC 605 HILLCREST AVENUE GASTONIA, NC 28052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LEAST OF THESE GASTON INC 418 S SOUTH STREET GASTONIA, NC 28052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MARINES516 S LEE ST GASTONIA, NC 28052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST MICHAEL'S CATHOLIC SCHOOL 704 ST MICHAELS LANE GASTONIA, NC 28052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
SOUTHWEST MIDDLE 1 ROADRUNNER DRIVE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTER HUSS HIGH 1518 EDGEFIELD AVENUE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
SOUTHWEST MIDDLE 1 ROADRUNNER DRIVE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PLEASANT RIDGE ELEMENTARY 1260 FLOYD LANE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1059 GASTONIA, NC 28053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
BOYS AND GIRLS CLUBS OF GREATER GAS PO BOX 23 GASTONIA, NC 28053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON COUNTY AMATEUR RADIO EMERGEN 535 ROSEMARY LN GASTONIA, NC 28054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF GASTON COUNTY INC PO BOX 3984 GASTONIA, NC 28054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAWKS NEST STEAM ACADEMY 3430 ROBINWOOD RD GASTONIA, NC 28054	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKPACK WEEKEND FOOD PROGRAM INC PO BOX 551030 GASTONIA, NC 28055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAPTIST STATE CONVENTION OF NORTH C PO BOX 6298 GASTONIA, NC 28056	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
FORESTVIEW HIGH5545 UNION ROAD GASTONIA, NC 28056	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG HIGH SCHOOLDEBATE PO BOX 883 HUNTERSVILLE, NC 28070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HRHS CHORAL BOOSTERS 7321 RAGING RIDGE RD HARRISBURG, NC 28075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HRHS CHORAL BOOSTERS 7321 RAGING RIDGE RD HARRISBURG, NC 28075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTSELL ATHLETIC ASSOCIATION 9395 LEYTON DR HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HICKORY RIDGE HIGH 7321 RAGING RIDGE ROAD HARRISBURG, NC 28075	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
HICKORY RIDGE HIGH 7321 RAGING RIDGE ROAD HARRISBURG, NC 28075	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKORY RIDGE MIDDLE 7336 RAGING RIDGE RD HARRISBURG, NC 28075	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
HICKORY RIDGE MIDDLE 7336 RAGING RIDGE RD HARRISBURG, NC 28075	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ST MARK CHURCH8928 PENNYHILL DR HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK CHURCH8928 PENNYHILL DR HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
JOURNEY CHURCH OF LAKE NORMAN INC JOURNEY CHURCH OF LAKE NORMAN INC 15711 BROOKWAY DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK CHURCH8928 PENNYHILL DR HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ALVEOLAR CAPILLARY DYSPLASIA ASSOCI 12115 HENDERSON HILL RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALVEOLAR CAPILLARY DYSPLASIA ASSOCI 12115 HENDERSON HILL RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 10311 CALAVERAS CT HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LONG CREEK ELEMAENTARY PTO 9213A BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ALVEOLAR CAPILLARY DYSPLASIA ASSOCI 12115 HENDERSON HILL RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE 11900 VANSTORY DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LONG CREEK ELEMAENTARY PTO 9213A BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BARNETTE ELEMENTARY PTO INC 13659 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 9213 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BARNETTE ELEMENTARY PTO INC 13659 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BLYTHE ELEMENTARY 12202 HAMBRIGHT ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
TRILLIUM SPRINGS MONTESSORI 9213 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
HOPEWELL HIGH 11530 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,500
BLYTHE ELEMENTARY 12202 HAMBRIGHT ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
TORRENCE CREEK ELEMENTARY 14550 RANSON ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERSVILLE UNITED METHODIST CHURC 14005 STUMPTOWN RD HUNTERSVILLE, NC 28078	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	6,000
HUNTERSVILLE UNITED METHODIST CHURC 14005 STUMPTOWN RD HUNTERSVILLE, NC 28078	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,664
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INIDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	35
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,675
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INIDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	261
INDIAN TRAIL ELEMENTARY 200 EDUCATION RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN TRAIL ELEMENTARY 200 EDUCATION RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
INDIAN TRAIL ELEMENTARY 200 EDUCATION RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	360
RUFF LOVE FOSTER CARE AND DOG RESCU 7007 GOLDEN EAGLE TRL IRON STATION, NC 28080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUFF LOVE FOSTER CARE AND DOG RESCU 7007 GOLDEN EAGLE TRL IRON STATION, NC 28080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN ST KANNAPOLIS, NC 28081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
HOSPICE OF CABARRUS COUNTY INC 5003 HOSPICE LANE KANNAPOLIS, NC 28081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY UNITED METHODIST CHURCH - MOB 8605 UNITY CHURCH ROAD KANNAPOLIS, NC 28081	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
LIVE AGAIN MINISTRIES INC P O BOX 333 LOCUST, NC 28097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIVE AGAIN MINISTRIES INC P O BOX 333 LOCUST, NC 28097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE AGAIN MINISTRIES INC P O BOX 333 LOCUST, NC 28097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STANDING SIDE BY SIDE INC PO BOX 502 LOCUST, NC 28097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WEST STANLY MIDDLE SCHOOL 339 RUNNING CREEK CHURCH RD LOCUST, NC 28097	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION DAY SCHOOL INC 3000 TILLEY MORRIS ROAD WEDDINGTON, NC 28104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CVS CHARITABLE FUND 4099 CAMPUS RIDGE RD MATTHEWS, NC 28104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WEDDINGTON HIGH SCHOOL BAND BOOSTER 4901 MONROE WEDDINGTON ROAD MATTHEWS, NC 28104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDDINGTON HIGH SCHOOL BAND BOOSTER 4901 MONROE WEDDINGTON ROAD MATTHEWS, NC 28104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANTIOCH ELEMENTARY PTO 3101 ANTIOCH CHURCH RD MATTHEWS, NC 28104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
WEDDINGTON ELEMENTARY 3927 TWELVE MILE CREEK RD MATTHEWS, NC 28104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS GRANT COMMUNITY SCHOOL INC 10323 IDLEWILD RD MATTHEWS, NC 28105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DAHLIA GROVE INC 155 LANDSDOWNE RD MATTHEWS, NC 28105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF GREATER CHARLOTTE 3127 WEDDINGTON RD MATTHEWS, NC 28105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RED WHITE & BLUE INC 1518 ELMSFORD LN MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
YMCA OF GREATER CHARLOTTE 3127 WEDDINGTON RD MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 10020 MONROE ROAD SUITE 210 MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCRATES ACADEMY FOUNDATION INC 3909 WEDDINGTON ROAD MATTHEWS, NC 28105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,712
SOCRATES ACADEMY FOUNDATION INC 3909 WEDDINGTON ROAD MATTHEWS, NC 28105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
BUTLER HIGH 1810 MATTHEWS MINT HILL ROAD MATTHEWS, NC 28105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 1810 MATTHEWS-MINT HILL ROAD COURIER 361 MATTHEWS, NC 28105	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	35
MATTHEWS UNITED METHODIST WEEKDAY P 801 S TRADE ST MATTHEWS, NC 28105	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
GETHSEMANE GARDEN CHRISTIAN CENTRE POST OFFICE BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,357
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BLESS BACK WORLDWIDE INC PO BOX 2234 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
GETHSEMANE GARDEN CHRISTIAN CENTRE POST OFFICE BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESS BACK WORLDWIDE INC PO BOX 2234 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
GETHSEMANE GARDEN CHRISTIAN CENTRE POST OFFICE BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,460
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GETHSEMANE GARDEN CHRISTIAN CENTRE POST OFFICE BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GETHSEMANE GARDEN CHRISTIAN CENTRE POST OFFICE BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILENT IMAGES INCPO BOX 667 MATTHEWS, NC 28106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,100
SILENT IMAGES INCPO BOX 667 MATTHEWS, NC 28106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
UNION ACADEMY FOUNDATION 675 N ML KING JR BLVD MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION ACADEMY FOUNDATION 675 N ML KING JR BLVD MONROE, NC 28110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY CHAPEL ELEMENTARY 110 POTTER RD S MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MISSIONARIES OF THE POOR USA INC 1403 GRIFFITH ROAD MONROE, NC 28112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONARIES OF THE POOR USA INC 1403 GRIFFITH ROAD MONROE, NC 28112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CENTRAL ACADEMY OF TECHNOLOGY AND A 600 BREWER DR MONROE, NC 28112	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,847
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,775
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE STAR MOTHERS OF AMERICA INC PO BOX 1804 MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEAST GERMAN SHEPHERD RESCUE IN PO BOX 208 MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOORESVILLE YOUTH ATHLETICS INC PO BOX 461 MOORESVILLE, NC 28115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MOORESVILLE INTERMEDIATE 1711 LANDIS HIGHWAY MOORESVILLE, NC 28115	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	105
PARK VIEW ELEMENTARY 217 WEST MCNEELY AVE MOORESVILLE, NC 28115	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
MOUNT MOURNE SCHOOL 1431 MECKLENBURG HWY MOORESVILLE, NC 28115	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOLLY Z HOPE INC 120 SOUTHHAVEN DRIVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ACE & TJ S GRIN KIDS INC 631-200B BRAWLEY SCHOOL RD SUITE 300 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLY Z HOPE INC 120 SOUTHHAVEN DRIVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
PATRIOT MILITARY FAMILY FOUNDATION 129 FAST LANE STE 200 MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
YMCA OF GREATER CHARLOTTE 170 JOE KNOX AVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLY Z HOPE INC 120 SOUTHHAVEN DRIVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ACE & TJ S GRIN KIDS INC 631-200B BRAWLEY SCHOOL RD SUITE 300 MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
IDA RANKIN ELEMENTARY SCHOOL 301 WEST CENTRAL AVE MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
PINEVILLE COMMUNITY ATHLETIC ASSOCI PO BOX 626 PINEVILLE, NC 28134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SOCCER ACADEMY 13501 DORMAN RD PINEVILLE, NC 28134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATAWBA COLLEGE 2300 W INNES ST ADMIN BLDG SALISBURY, NC 28144	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	258
GUATEMALAN RELIEF ASSISTANCE FOR CH 1024 S FULTON STREET UNIT 2 SALISBURY, NC 28144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY ROOTS INC 1026 SOUTH FULTON ST SALISBURY, NC 28144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
BROAD RIVER GENEALOGICAL SOCIETY PO BOX 2261 SHELBY, NC 28151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BROAD RIVER GENEALOGICAL SOCIETY PO BOX 2261 SHELBY, NC 28151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROAD RIVER GENEALOGICAL SOCIETY PO BOX 2261 SHELBY, NC 28151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ISOTHERMAL COMMUNITY COLLEGE PO BOX 804 SPINDALE, NC 28160	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	120
ST MARGARETS EPISCOPAL CHURCH 8515 REA ROAD WAXHAW, NC 28173	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
PACIFIC ARTS TROUPE 313 SILENT MEADOW COURT WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 200 MCDONALD ST WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PACIFIC ARTS TROUPE 313 SILENT MEADOW COURT WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TERRACE WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PACIFIC ARTS TROUPE 313 SILENT MEADOW COURT WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MATTHEWS HELPING HANDS INC 608 SMOKEY HOLLOW DRIVE WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS OF PARE 9700 MARVIN SCHOOL RD MARVIN, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SOUTH CHARLOTTE DOG RESCUE 4006 WAXHAW CROSSING DR WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
WAXHAW LIONS CLUB CHARITIES INC 2804 BEVIS LANE WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW TOWN ELEMENTARY 1100 WAXHAW-INDIAN TRAIL ROAD WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
SANDY RIDGE ELEMENTARY 10101 WAXHAW MANOR DRIVE WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
NEW TOWN ELEMENTARY 1100 WAXHAW-INDIAN TRAIL ROAD WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE MIDDLE2831 CRANE RD WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
SANDY RIDGE ELEMENTARY 10101 WAXHAW MANOR DRIVE WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MARVIN ELEMENTARY 9700 MARVIN SCHOOL ROAD MARVIN, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL DIOCESE OF NORTH CAROLINA 115 WEST 7TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
EPISCOPAL DIOCESE OF NORTH CAROLINA 115 WEST 7TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
EPISCOPAL DIOCESE OF NORTH CAROLINA 115 WEST 7TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,225
TRINITY EPISCOPAL SCHOOL 750 EAST 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,700
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOL 750 EAST 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	18,840
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
TRINITY EPISCOPAL SCHOOL 750 EAST 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOL 750 EAST 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,275
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
APPARO SOLUTIONS INC 301 SOUTH BREVARD STREET SUITE 300 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	917
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,225
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,860
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANDS ON CHARLOTTE INC 301 S BREVARD ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MECKLENBURG PARTNERSHIP FOR CHILDRE 601 E 5TH ST SUITE 500 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,873
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE ENTREPRENEUR EDUCATIONPROGRAM 420 WEST TRADE STREET SUITE 102 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,560
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 128 SOUTH TRYON ST STE 1588 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,400
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,816
COMMUNITY BUILDING INITIATIVE 601 E 5TH ST STE 330D CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY PLACE INC301 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
EQUITAS INC300 W 5TH ST APT 215 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,545
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN LEAGUE OF CENTRAL CAROLINAS I 740 W 5TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUITAS INC300 W 5TH ST APT 215 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 128 SOUTH TRYON ST STE 1588 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,725
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MECKLENBURG PARTNERSHIP FOR CHILDRE 601 E 5TH ST SUITE 500 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
YMCA OF GREATER CHARLOTTE 900 W TRADE STREET SUITE 100 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPARO SOLUTIONS INC 301 SOUTH BREVARD STREET SUITE 300 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF CENTRAL CAROLINAS I 740 W 5TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
APPARO SOLUTIONS INC 301 SOUTH BREVARD STREET SUITE 300 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 128 SOUTH TRYON ST STE 1588 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,350
AMERICAN HEART ASSOCIATION INC 128 SOUTH TRYON ST STE 1588 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	382
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMPOWHERMENT INC 1023B MARGARET BROWN STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	207
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,325
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,955
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,610
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,615
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	279
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,020
ENVISION CHARLOTTE 615 S COLLEGE STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN HEART ASSOCIATION INC 128 SOUTH TRYON ST STE 1588 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,150
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JIMMY MURPHEY CHRISTMAS FOUNDATION 615 S COLLEGE STREET 10TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,525
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
OBSERVER CHARITIES INC 600 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,400
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 329 N IRWIN AVE - ATTN IAC PTA TREASURER CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,329
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,250
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON ST SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
OBSERVER CHARITIES INC 600 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS SCHOLARSHIP FUND CHARLOTT 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS SCHOLARSHIP FUND CHARLOTT 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
CHILDRENS SCHOLARSHIP FUND CHARLOTT 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	400
IRWIN ACADEMIC CENTER 329 N IRWIN AVE CHARLOTTE, NC 28202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	137
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK ELEMENTARY SCHOOL 1125 BUCHANAN STREET CHARLOTTE, NC 28203	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	275
ST PATRICK ELEMENTARY SCHOOL 1125 BUCHANAN STREET CHARLOTTE, NC 28203	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,493
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE-MECKLENBURG FOOD POLICY C 2401 DISTRIBUTION ST CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,164
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CROHNS & COLITIS FOUNDATION INC 1100 S MINT STREET SUITE 204 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
MOTHERING ACROSS CONTINENTS INC 310 ARLINGTON AVENUE 303 CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,346
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
PROJECT SCIENTIST 1724 EAST BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SCIENTIST 1724 EAST BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,727
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTBRIGHT FOUNDATION 2923 SOUTH TRYON STREET SUITE 200 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 1100 S MINT STREET SUITE 204 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,993
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,450
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HEARTBRIGHT FOUNDATION 2923 SOUTH TRYON STREET SUITE 200 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,894
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,180
MOTHERING ACROSS CONTINENTS INC 310 ARLINGTON AVENUE 303 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,104
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,165
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK ROAD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION 1000 BLYTHE BLVD CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,625
FAMILY ADDITION DOG RESCUE OF CHARL 2217 PARK ROAD APARTMENT 4 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ATRIUM HEALTH FOUNDATION 1000 BLYTHE BLVD CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	815
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	520
ATRIUM HEALTH FOUNDATION 1000 BLYTHE BLVD CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,555
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION 1000 BLYTHE BLVD CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ATRIUM HEALTH FOUNDATION 1000 BLYTHE BLVD CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,515
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	733
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
ST PATRICK CATHOLIC SCHOOL 1125 BUCHANAN ST CHARLOTTE, NC 28203	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,500
ST PATRICK CATHOLIC SCHOOL 1125 BUCHANAN ST CHARLOTTE, NC 28203	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LANE STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL KIDNEY FOUNDATION INC 933 LOUISE AVENUE SUITE 101B CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LANE STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LANE STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,175
NATIONAL KIDNEY FOUNDATION INC 933 LOUISE AVENUE SUITE 101B CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,905
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LANE STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LANE STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHURCH WORLD SERVICE INC 300 HAWTHORNE LANE CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	676
LEGAL AID OF NORTH CAROLINA INC 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
METROLINA ASSOCIATION FOR THE BLIND 704 LOUISE AVENUE CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 933 LOUISE AVENUE SUITE 101B CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN DIABETES ASSOCIATION 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
CHILDRENS HOME SOCIETY OF NORTH CAR 2200 EAST SEVENTH STREET CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPEAK UP MAGAZINE INC 501 HAWTHORNE LANE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	303
AMERICAN DIABETES ASSOCIATION 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NORTH CAR 2200 EAST SEVENTH STREET CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NORTH CAR 2200 EAST SEVENTH STREET CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
CHILDRENS HOME SOCIETY OF NORTH CAR 2200 EAST SEVENTH STREET CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
CHILDRENS HOME SOCIETY OF NORTH CAR 2200 EAST SEVENTH STREET CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CITY STAGE 1009 ARBOR HILLS DR CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	8,000
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,150
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH CAROLINA WILDLIFE FEDERATION 1346 ST JULIEN ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA WILDLIFE FEDERATION 1346 ST JULIEN ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,159
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSCEND CHARLOTTE INC 3800 MONROE ROAD STE B CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	506
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHARLOTTE FIREFIGHTERS FUND LTD 4419 MONROE RD STE A CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,215
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,573
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
T-E-A-M FOUNDATION 2406 MCCLINTOCK RD UNIT 107 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YMCA OF GREATER CHARLOTTE 3025 N DAVIDSON ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	942
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	627
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,550
YMCA OF GREATER CHARLOTTE 3025 N DAVIDSON ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,201
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD SUITE 101 CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,601
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAYWORKS INC4506 MONROE ROAD CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HISTORIC NORTH CHARLOTTE NEIGHBORHO 3007 NORTH MCDOWELL ST CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HISTORIC NORTH CHARLOTTE NEIGHBORHO 3007 NORTH MCDOWELL ST CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC NORTH CHARLOTTE NEIGHBORHO 3007 NORTH MCDOWELL ST CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HIGHLAND MILL MONTESSORI 3201 CLEMSON AVENUE CHARLOTTE, NC 28205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MECKED5104 REAGAN DRIVE CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MECKED5104 REAGAN DRIVE CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MECKED5104 REAGAN DRIVE CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE ART LEAGUE INC 4100 RALEIGH ST CHARLOTTE, NC 28206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	433
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,153
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
R BRUCE IRONS CAMP FUND 725 PROVIDENCE ROAD SUITE 212 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
R BRUCE IRONS CAMP FUND 725 PROVIDENCE ROAD SUITE 212 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	930
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	812
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,969
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,286
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,445
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA VOICES INC 1900 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAROLINA VOICES INC 1900 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EASTOVER ELEMENTARY 500 CHEROKEE RD CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTOVER ELEMENTARY 500 CHEROKEE ROAD CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EASTOVER ELEMENTARY 500 CHEROKEE RD CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
MYERS PARK TRADITIONAL 2132 RADCLIFF AVENUE CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK TRADITIONAL 2132 RADCLIFFE AVE CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,765
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF THE SOUTHERN 5301 WILKINSON BLD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUIT UP CHARLOTTE 2801CRISMAN STREET SUITE 103 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD STE 101 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF GREATER CHARLOTTE 1946 WEST BOULEVARD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF THE SOUTHERN 5301 WILKINSON BLD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD STE 101 CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD STE 101 CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GOODWILL INDUSTRIES OF THE SOUTHERN 5301 WILKINSON BLD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP MECKLENBURG BEAUTIFUL INC 2145 SUTTLE AVE CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLAYING FOR OTHERS INC 720 S SUMMIT AVE STE B CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINAS AVIATION MUSEUM 4672 FIRST FLIGHT DRIVE CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
PLAYING FOR OTHERS INC 720 S SUMMIT AVE STE B CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
REID PARK ACADEMY 4108 W TYVOLA RD CHARLOTTE, NC 28208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILLIP O BERRY ACADEMY OF TECHNOLO 1430 ALLEGHANY STREET CHARLOTTE, NC 28208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
KEYSTONE MONTESSORI SCHOOL INC 2830 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,050
DOWN SYNDROME ASSOCIATION OF GREATE 4530 PARK RD SUITE 430 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DOWN SYNDROME ASSOCIATION OF GREATE 4530 PARK RD SUITE 430 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,520
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,340
ARTHRITIS FOUNDATION INC 4530 PARK ROAD SUITE 230 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ARTHRITIS FOUNDATION INC 4530 PARK ROAD SUITE 230 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,390
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOSAIC DEVELOPMENT GROUP INC 4600 PARK ROAD SUITE 390 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ARC OF MECKLENBURG COUNTY INC 3900 PARK ROAD STE C CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	461
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,148
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DOWN SYNDROME ASSOCIATION OF GREATE 4530 PARK RD SUITE 430 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF GREATE 4530 PARK RD SUITE 430 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARTHRITIS FOUNDATION INC 4530 PARK ROAD SUITE 230 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
DOWN SYNDROME ASSOCIATION OF GREATE 4530 PARK RD SUITE 430 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
MUSTANG CLUB2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MUSTANG CLUB2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTANG CLUB2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	800
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVONDALE CHILDREN'S CENTER 2821 PARK ROAD CHARLOTTE, NC 28209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	180
AVONDALE CHILDREN'S CENTER 2821 PARK ROAD CHARLOTTE, NC 28209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
FOREST HILL CHURCH7224 PARK RD CHARLOTTE, NC 28210	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWAY FOUNDATION 1717 SHARON ROAD WEST CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 3200 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 3200 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
PTA NORTH CAROLINA CONGRESS 3200 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2901 SMITHFIELD CHURCH ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,750
QUAIL HOLLOW MIDDLE 2901 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SOCCER SHOTS FOUNDATION OF CHARLOTT 8510 MCALPINE PARK DRIVE SUITE 114 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPS FOR KIDS CHARLOTTE 4716 MONTCLAIR AVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	755
CROSSROADS CORP FOR AFFORDABLE HOUS 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACH AKADEMIE CHARLOTTE 3527 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1133 N WENDOVER RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 1133 N WENDOVER RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE SYMPHONY GUILD OF CHARLOTTE INC 338 SOUTH SHARON AMITY ROAD PMB 308 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SYMPHONY GUILD OF CHARLOTTE INC 338 SOUTH SHARON AMITY ROAD PMB 308 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,114
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
BACH AKADEMIE CHARLOTTE 3527 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CROSSROADS CORP FOR AFFORDABLE HOUS 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
OPERATION HOMEFRONT INC 233 SOUTH SHARON AMITY ROAD SUITE 101 CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	490
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,791
PTA NORTH CAROLINA CONGRESS 300 GREENWICH RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC 233 SOUTH SHARON AMITY ROAD SUITE 101 CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC 233 SOUTH SHARON AMITY ROAD SUITE 101 CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PTA NORTH CAROLINA CONGRESS 300 GREENWICH AVENUE CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,245
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,952
OPERATION HOMEFRONT INC 233 SOUTH SHARON AMITY ROAD SUITE 101 CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 300 GREENWICH RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
PTA NORTH CAROLINA CONGRESS 1035 RAMA ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	761
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,100
ALEXANDER YOUTH NETWORK 6220 THERMAL RD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ALEXANDER YOUTH NETWORK 6220 THERMAL RD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL RD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE RD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,126
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,662
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	4,160
COTSWOLD ELEMENTARY 300 GREENWICH CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,295
COTSWOLD ELEMENTARY 300 GREENWICH CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST GABRIEL CATHOLIC CHURCH'S THE C 3016 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,500
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,754
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	101
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,201
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALC MOSAIC6100 MONROE ROAD CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
YMCA OF GREATER CHARLOTTE 6824 DEMOCRACY DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,240
TEACH FOR AMERICA INC 5855 EXECUTIVE CENTER DRIVE SUITE 200 CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MECKLENBURG HIGH SCHOOLFOUNDAT 6800 MONROE RD CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COVERED INC5851 AMITY SPRINGS DR CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MARINE TOYS FOR TOTS FOUNDATION 6115 N HILLS CIRCLE CHARLOTTE, NC 28213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND DAY SCHOOL PARENT T 1209 LITTLE ROCK ROAD CHARLOTTE, NC 28214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHRISTIAN MENS ALLIANCE MINISTRIES PO BOX 43284 CHARLOTTE, NC 28215	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
CHARLOTTE BILINGUAL PRESCHOOL INC 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BILINGUAL PRESCHOOL INC 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,078
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
OURBRIDGE INC 3925 WILLARD FARROW CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,375
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARK MINISTRIES INC 6029 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
JOHNSON C SMITH UNIVERSITY INCORPOR 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
YMCA OF GREATER CHARLOTTE 3801 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INDEPENDENCE FUND INC 9013 PERIMETER WOODS DRIVE CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 3801 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 3801 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ELON HOMES FOR CHILDREN 617 NORTH SUMMIT AVE CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY COMMUNITY ORCHESTRA 12510 OVERLOOK MOUNTAIN DR CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ELON HOMES FOR CHILDREN 617 NORTH SUMMIT AVE CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COOK'S MEMORIAL PRESBYTERIAN CHURCH 3413 MT HOLLYHUNTERSVILLE ROAD CHARLOTTE, NC 28216	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,434
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40,000
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	280
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	525
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	21,517
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,270
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,769
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,525
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	612
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,700
PROMISING PAGES 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,702
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,530
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXEC PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,460
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL BAND BOOSTERS 7030 NATIONS FORD RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,430
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,259
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,255
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXEC PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,350
PROMISING PAGES 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,740
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,334
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,741
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	923
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DR 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,163
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK DRIVE CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK DRIVE CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH VILLAGES INC 2815 COLISEUM CENTRE DRIVE SUITE 230 CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK DRIVE CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK DRIVE CHARLOTTE, NC 28217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,600
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	51
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY 7030 NATIONS FORD RD CHARLOTTE, NC 28217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
WADDELL LANGUAGE ACADEMY 7030 NATIONS FORD RD CHARLOTTE, NC 28217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
WADDELL LANGUAGE ACADEMY 7030 NATIONS FORD RD CHARLOTTE, NC 28217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 4421 STUART ANDREW BOULEVARD CHARLOTTE, NC 28217	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	306
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE CANCER MINISTRIES PO BOX 19967 CHARLOTTE, NC 28219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,610
LITTLE LEAGUE BASEBALL INC PO BOX 12131 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LITTLE LEAGUE BASEBALL INC PO BOX 12131 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF HOPE COMMUNITY DEVELOPMENT PO BOX 26522 CHARLOTTE, NC 28221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
REFUGEE SUPPORT SERVICES OF THECARO PO BOX 220224 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SPOKES GROUP INC PO BOX 220395 CHARLOTTE, NC 28222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	638
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
REFUGEE SUPPORT SERVICES OF THECARO PO BOX 220224 CHARLOTTE, NC 28222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	982
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESTINED IMAGEPO BOX 241941 CHARLOTTE, NC 28224	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	19,575
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	18,098
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,600
BOY SCOUTS OF AMERICA 1623 CARMEL ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE & PALLIATIVE CARE CHARLOTTE 8919 PARK ROAD SUITE 1000 CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 5713 RILEYS RIDGE ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
GO JEN GO FOUNDATION INC 7804 FAIRVIEW ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA BIG HEARTS BIG BARKS RESCU 7121 WANNAMAKER LANE CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BIG HEARTS BIG BARKS RESCU 7121 WANNAMAKER LANE CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GO JEN GO FOUNDATION INC 7804 FAIRVIEW ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIPPLED PURPOSE INC 7845 COLONY ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL DEBATE FOUND 4509 MULLENS FORD RD CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL SOCIETY OF THE DAUGHTERS O 4800 CROOKED OAK LANE CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL SOCIETY OF THE DAUGHTERS O 4800 CROOKED OAK LANE CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 3800 REA ROAD CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 3800 REA ROAD CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,285
BG CAROLINAS INC10413 CLUB CAR CT MINT HILL, NC 28227	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BG CAROLINAS INC10413 CLUB CAR CT MINT HILL, NC 28227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
INDEPENDENCE HIGH SCHOOL ATHLETIC B 7718 FAIRWAY MIST COURT MINT HILL, NC 28227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 13925 THOMPSON RD CHARLOTTE, NC 28227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROOP 65 MECKLENBURG COUNTY COUNCIL 11501 BAIN SCHOOL RD MINT HILL, NC 28227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN PIT BULL FOUNDATION 7708 MATTHEWS MINT HILL RD MINT HILL, NC 28227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LORIEN ACADEMY OF THE ARTS INC 7504 E INDEPENDENT BLVD STE 103 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVANTS HEART OF MINT HILL INC 9229 LAWYERS ROAD SUITE N MINT HILL, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BAIN ELEMENTARY 11540 BAIN SCHOOL RD CHARLOTTE, NC 28227	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
ST LUKE CATHOLIC CHURCH 13700 LAWYERS RD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUKE CATHOLIC CHURCH 13700 LAWYERS RD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA TROOP 144 9135 BLAIR ROAD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
MINT HILL BAPTIST CHURCH 7835 MATTHEWS-MINT HILL RD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG COUNTY HUMANE SOCIETY I 2700 TOOMEY AVE CHARLOTTE, NC 28230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	300
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	175
CENTER 360PO BOX 31653 CHARLOTTE, NC 28231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,775
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,650
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LUNCH PROJECTPO BOX 31264 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,475
THE LUNCH PROJECTPO BOX 31264 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,222
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	309
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,311
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	590
CHARLOTTE SWIM ASSOCIATION INC PO BOX 31094 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,800
CHARLOTTE SWIM ASSOCIATION INC PO BOX 31094 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE SWIM ASSOCIATION INC PO BOX 31094 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,904
CHARLOTTE SWIM ASSOCIATION INC PO BOX 31094 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE SWIM ASSOCIATION INC PO BOX 31094 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	193
CHARLOTTE PRIDE INCPO BOX 32362 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUSTICE INITIATIVES INC PO BOX 33545 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,325
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,919
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PRIDE BANDPO BOX 36032 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CHARLOTTE PRIDE BANDPO BOX 36032 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 28236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 28236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOUNDATION FOR TOMORROW PO BOX 470836 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,125
FOUNDATION FOR TOMORROW PO BOX 470836 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR TOMORROW PO BOX 470836 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	151
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BE THE MATCH FOUNDATION 4400 PAPA JOE HENDRICK BLVD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 8100 OLD MALLARD CREEK ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KYLE PETTY CHARITY RIDE INC 125 FLOYD SMITH DRIVE SUITE 45 CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE COMMUNITY HEALTH CLINIC I 8401 MEDICAL PLAZA DR SUITE 300 CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 9000 ROBERT SNYDER RD CHARLOTTE, NC 28262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BROOKSTONE SCHOOLS OF MECKLENBURG C PO BOX 667890 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	110
BROOKSTONE SCHOOLS OF MECKLENBURG C PO BOX 667890 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HALO CORPORATION PO BOX 667924 CHARLOTTE, NC 28266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BROOKSTONE SCHOOLS PO BOX 667890 CHARLOTTE, NC 28266	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE LEADERSHIP ACADEMY INC 1326 PRINCE HALL AVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITIAN HERITAGE & FRIENDS OF HAITI 7620 RIDGEFIELD DR CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE LEADERSHIP ACADEMY INC 1326 PRINCE HALL AVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHARLOTTE LEADERSHIP ACADEMY INC 1326 PRINCE HALL AVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 7242 HIGHLAND CREEK PARKWAY CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SEEDERS WITH AN ANOINTED TESTIMONY 3020-I PROSPERITY CHURCH ROAD SUITE 909 CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
MALLARD CREEK HIGH SCHOOL JROTC BOO 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALLARD CREEK HIGH SCHOOL JROTC BOO 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CORVIAN COMMUNITY SCHOOL 4125 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	650
RIDGE ROAD MIDDLE 7260 HIGHLAND CREEK PARKWAY CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL 4125 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
RIDGE ROAD MIDDLE 7260 HIGHLAND CREEK PARKWAY CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
UNIVERSITY CITY UNITED METHODIST CH 3835 WEST WT HARRIS BLVD CHARLOTTE, NC 28269	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY CITY UNITED METHODIST CH 3835 WEST WT HARRIS BLVD CHARLOTTE, NC 28269	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
THE FLETCHER SCHOOL INC 8500 SARDIS RD CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,400
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	459
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVERBS 226 2929 WHEAT MEADOW LN CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROVERBS 226 3122 FINCHER FARM ROAD SUITE 100-531 CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY CULINARY SCHOOL OF CHARLO 9315-D MONROE RD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAULA TAKACS FOUNDATION FOR SARCOMA 2641 COTTON PLANTER LANE CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PROVERBS 226 3122 FINCHER FARM ROAD SUITE 100-531 CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAULA TAKACS FOUNDATION FOR SARCOMA 2641 COTTON PLANTER LANE CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAULA TAKACS FOUNDATION FOR SARCOMA 2641 COTTON PLANTER LANE CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
PROVERBS 226 3122 FINCHER FARM ROAD SUITE 100-531 CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE SENIOR HIGH SCHOOL BAND 1800 PINEVILLE MATHEWS RD CHARLOTTE, NC 28270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 1800 PINEVILLE MATTHEWS ROAD CHARLOTTE, NC 28270	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE-MECKLENBURG SCHOOLS 1800 PINEVILLE MATTHEWS ROAD CHARLOTTE, NC 28270	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ASOCIACION DE MUJERES LATINO-AMERIC PO BOX 78150 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,320
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE JEWISH DAY SCHOOL PO BOX 79180 CHARLOTTE, NC 28271	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE JEWISH DAY SCHOOL PO BOX 79180 CHARLOTTE, NC 28271	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OLYMPIC HIGH SCHOOL ATHLETICBOOSTER 4301 SANDY PORTER RD CHARLOTTE, NC 28273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST MIDDLE SCHOOL 13624 STEELE CREEK ROAD CHARLOTTE, NC 28273	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ACTORS THEATRE OF CHARLOTTE 1900 SELWYN AVENUE 1252 CHARLOTTE, NC 28274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ACTORS THEATRE OF CHARLOTTE 1900 SELWYN AVENUE 1252 CHARLOTTE, NC 28274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE PHOENIX ARTS 10210 ALEXANDER MARTIN AVE CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
INTERNATIONAL CELEBRATION ASSOCIATI 8333 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
JAMMA JAMMA FOUNDATION 7310 BASIE PARK CT CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE SYSTEM ATROPHY COALITI 9935-D REA ROAD 212 CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHINESE PHOENIX ARTS 10210 ALEXANDER MARTIN AVE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MY FARM CAMPS EXPERIENCE INC 16202 MARVIN ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	755
YMCA OF GREATER CHARLOTTE 9405 BRYANT FARMS ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JAMMA JAMMA FOUNDATION 7310 BASIE PARK CT CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANGA KIDS INC 6420 REA ROAD SUITE A1-102 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CHINESE PHOENIX ARTS 10210 ALEXANDER MARTIN AVE CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAMILIES FORWARD CHARLOTTE INC 8913 SENTER CT CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CELEBRATION ASSOCIATI 8333 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LAMB FOUNDATION OF NORTH CAROLINA I 6420-A1 REA RD SUITE 312 CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROGRESS IN EDUCATION INC 12719 LINDRICK LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 6815 ENDHAVEN LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
SOUTH CHARLOTTE MIDDLE SCHOOL PTO 8040 STRAWBERRY LN CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTH CHARLOTTE MIDDLE SCHOOL PTO 8040 STRAWBERRY LN CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 11830 TOM SHORT ROAD CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,852
PTA NORTH CAROLINA CONGRESS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
BRITISH AMERICAN SCHOOL OF CHARLOTT 7000 ENDHAVEN LANE CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FAITH CHRISTIAN ACADEMY 8617 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST MATTHEW CATHOLIC SCHOOL 11525 ELM LN CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
UNITED FAITH CHRISTIAN ACADEMY 8617 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FAITH CHRISTIAN ACADEMY 8617 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ARDREY KELL HIGH 10220 ARDREY KELL RD CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
JAY M ROBINSON MIDDLE 5925 BALLANTYNE COMMONS PWY CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAY M ROBINSON MIDDLE 5925 BALLANTYNE COMMONS PWY CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
POLO RIDGE ELEMENTARY 11830 TOM SHORT RD CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE-MECKLENBURG SCHOOLS 11830 TOM SHORT ROAD CHARLOTTE, NC 28277	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
ST MATTHEW CATHOLIC CHURCH PO BOX 49349 CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BSA TROOP 164 - PPC 10140 PROVIDENCE CHURCH LANE CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW CATHOLIC CHURCH PO BOX 49349 CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BSA TROOP 164 - PPC 10140 PROVIDENCE CHURCH LANE CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
SAINT MATTHEW CATHOLIC SCHOOL 11525 ELM LANE CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW CATHOLIC CHURCH PO BOX 49349 CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,130
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E-177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 5910 DIXIE RIVER ROAD CHARLOTTE, NC 28278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,535
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ONE VOICE INCPO BOX 9241 CHARLOTTE, NC 28299	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 220 E RUSSELL ST FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 220 E RUSSELL ST FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
CAPE FEAR VALLEY MEDICAL FOUNDATION 101 ROBESON STREET SUITE 106 FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ECONOMIC EMPOWERMENT AND 230 HAY STREET FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR ECONOMIC EMPOWERMENT AND 230 HAY STREET FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 807 CARROLL ST FAYETTEVILLE, NC 28303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTIONS OF CUMBERLAND COUNTY IN PO BOX 88040 FAYETTEVILLE, NC 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,940
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,430
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONEL JACK MAYHEW PATRIOTISMAWARD PO BOX 41035 FAYETTEVILLE, NC 28309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	281
COLONEL JACK MAYHEW PATRIOTISMAWARD PO BOX 41035 FAYETTEVILLE, NC 28309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	281
METHODIST UNIVERSITY INC 5400 RAMSEY STREET FAYETTEVILLE, NC 28311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMPSON ARTS COUNCIL INC 709 COLLEGE STREET CLINTON, NC 28328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SAMPSON ARTS COUNCIL INC 709 COLLEGE STREET CLINTON, NC 28328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAMPSON ARTS COUNCIL INC 709 COLLEGE STREET CLINTON, NC 28328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMPSON COMMUNITY COLLEGE FOUNDATIO PO BOX 318 CLINTON, NC 28329	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
SAMPSON COUNTY HISTORY MUSEUM INC PO BOX 786 CLINTON, NC 28329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
3000 MILES TO A CURE CO 104 RED OAK COURT LUMBERTON, NC 28358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF FIRSTHEALTH INC 150 APPLECROSS ROAD PINEHURST, NC 28374	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
WILMINGTON RAILROAD MUSEUM FOUNDATI 505 NUTT ST WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIBBON COMMISSION PREVENTION O 507 MCRAE STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAPE FEAR REGIONAL COMMUNITY DEVELO PO BOX 2765 WILMINGTON, NC 28402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK OF CENTRAL & EASTERN NORT 1314 MARSTELLAR ST WILMINGTON, NC 28402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1314 MARSTELLAR ST WILMINGTON, NC 28402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
PETS FOR VETS INCPO BOX 10860 WILMINGTON, NC 28404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRLS LEADERSHIP ACADEMY OF WILMING PO BOX 7621 WILMINGTON, NC 28406	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL BRINGING UP DOWN SYNDROME O PO BOX3914 WILMINGTON, NC 28406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NOURISHNC INCPO BOX 3235 WILMINGTON, NC 28406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ADOPT-AN-ANGELPO BOX 15095 WILMINGTON, NC 28408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGADE BOYS & GIRLS CLUB INC 2759 VANCE STREET WILMINGTON, NC 28412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CAROL S PETREA YOUTH GOLF FOUNDATIO P O BOX 1820 SHALLOTTE, NC 28459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OCEAN ISLE MUSEUM FOUNDATION INC PO BOX 6524 OCEAN ISLE BEACH, NC 28469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMP TO LAUGHTER INCPO BOX 1295 WRIGHTSVILLE BEACH, NC 28480	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF ONSLOW COUNTY INC 403 N BAYSHORE BLVD JACKSONVILLE, NC 28540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF ONSLOW COUNTY INC 403 N BAYSHORE BLVD JACKSONVILLE, NC 28540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE WARRIORSPO BOX 8697 CAMP LEJEUNE, NC 28547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOPE FOR THE WARRIORSPO BOX 8697 CAMP LEJEUNE, NC 28547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
HOPE FOR THE WARRIORSPO BOX 8697 CAMP LEJEUNE, NC 28547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RELIGIOUS COMMUNITY SERVICES OF NEW 919 GEORGE STREET NEW BERN, NC 28560	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
NORTH CAROLINA COASTAL FEDERATION I 3609 HIGHWAY 24 OCEAN NEWPORT, NC 28570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 789 NEWPORT, NC 28570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE COASTAL P 621 W FIRE TOWER ROAD WINTERVILLE, NC 28590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BLUE RIDGE BOXER RESCUE 319 - 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BLUE RIDGE BOXER RESCUE 319 - 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE BOXER RESCUE 319 - 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HICKORY COMMUNITY THEATRE INC 30 3RD ST NW HICKORY, NC 28601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 33 DTS BOONE, NC 28607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE CALDWELL COMMUNIT PO BOX 600 LENOIR, NC 28645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CALDWELL HOSPICE AND PALLIATIVE CAR 902 KIRKWOOD ST NW LENOIR, NC 28645	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALDWELL HOSPICE AND PALLIATIVE CAR 902 KIRKWOOD ST NW LENOIR, NC 28645	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALDWELL HOSPICE AND PALLIATIVE CAR 902 KIRKWOOD ST NW LENOIR, NC 28645	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GAMEWELL UNITED METHODIST - GAMEWEL 2897 MORGANTON BLVD LENOIR, NC 28645	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	180
HAPPY TAILS RESCUE INCPO BOX 84 MAIDEN, NC 28650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE HILL COMMUNITY ECONOMIC DEVEL PO BOX 4008 MORGANTON, NC 28655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTH CAROLINA COMMUNITY FOUNDATION PO BOX 1565 NORTH WILKESBORO, NC 28659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
SHERRILLS FORD ELEMENTARY 8103 SHERRILLS FORD ROAD SHERRILLS FORD, NC 28673	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUBS OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SOUTH IREDELL IB BOOSTER CLUB 299 OLD MOUNTAIN ROAD TROUTMAN, NC 28677	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS CONSERVANCY OF NORTH CARO PO BOX 3023 MORGANTON, NC 28680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOOTHILLS CONSERVANCY OF NORTH CARO PO BOX 3023 MORGANTON, NC 28680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
UNITED WAY OF IREDELL COUNTY INC PO BOX 1312 STATESVILLE, NC 28687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN PET RESCUE ASHEVILLE 130 WILLAS HILL DRIVE CANDLER, NC 28715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WESTERN CAROLINA UNIVERSITY FOUNDAT 201 HFR CULLOWHEE, NC 28723	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
WESTERN CAROLINA UNIVERSITY FOUNDAT 201 HFR CULLOWHEE, NC 28723	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN WHITEWATERPO BOX 1540 CULLOWHEE, NC 28723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ALTAPASS FOUNDATION INC PO BOX 245 LITTLE SWITZERLAND, NC 28749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MOUNTAIN AREA PREGNANCY SERVICES 105 CHESTNUT STREET MARS HILL, NC 28754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENLAND SCHOOL OF CRAFTS INC PO BOX 37 PENLAND, NC 28765	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PENLAND SCHOOL OF CRAFTS INC PO BOX 37 PENLAND, NC 28765	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ANIMAL FRIENDS FOR LIFE 405 REID SIDING ROAD LAKE TOXAWAY, NC 28774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL FRIENDS FOR LIFE 405 REID SIDING ROAD LAKE TOXAWAY, NC 28774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST GERARD HOUSE 620 OAKLAND STREET HENDERSONVILLE, NC 28791	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
MEALS ON WHEELS OF ASHEVILLE AND BU 146 VICTORIA RD ASHEVILLE, NC 28801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YWCA OF ASHEVILLE AND WESTERN NORTH 185 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHEVILLE MIDDLE SCHOOL PARENT TEAC 211 S FRENCH BROAD AVE ASHEVILLE, NC 28801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PISGAH LEGAL SERVICESPO BOX 2276 ASHEVILLE, NC 28802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PISGAH LEGAL SERVICESPO BOX 2276 ASHEVILLE, NC 28802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD BOUND OF WESTERN NORTH CAR PO BOX 1166 ASHEVILLE, NC 28802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOMEWARD BOUND OF WESTERN NORTH CAR PO BOX 1166 ASHEVILLE, NC 28802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESTERN NORTH CAROLINA AIDS PROJECT 554 FAIRVIEW ROAD ASHEVILLE, NC 28803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COUNCIL ON AGING OF BUNCOMBE CO 46 SHEFFIELD CIRCLE ASHEVILLE, NC 28803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MEN CHRISTIAN ASSOCIATION OF 40 N MERRIMON AVE STE 309 ASHEVILLE, NC 28804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,930
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	488
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHEVILLE HUMANE SOCIETY INC 14 FOREVER FRIEND LN ASHEVILLE, NC 28806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,000
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEXINGTON COUNTY SCHOOL DISTRICT NO PO BOX 1869 LEXINGTON, SC 29071	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEXINGTON COUNTY CHORAL SOCIETY 865 CORLEY MILL RD LEXINGTON, SC 29072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EMPOWERED U 4458 AUGUSTA RD UNIT 3A LEXINGTON, SC 29073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CLAFLIN UNIVERSITY400 MAGNOLIA ST ORANGEBURG, SC 29115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAFLIN UNIVERSITY400 MAGNOLIA ST ORANGEBURG, SC 29115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CLAFLIN UNIVERSITY400 MAGNOLIA ST ORANGEBURG, SC 29115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN NATIONAL RED CROSS 1155 N GUIGNARD DRSTE 2 SUMTER, SC 29150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEXINGTON MEDICAL CENTER FOUNDATION 2720 SUNSET BLVD WEST COLUMBIA, SC 29169	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMETTO HEALTH 1600 MARION STREET COLUMBIA, SC 29201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,463
HISTORIC COLUMBIA FOUNDATION INC 1601 RICHLAND ST COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC COLUMBIA FOUNDATION INC 1601 RICHLAND ST COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JDRF INTERNATIONAL 1122 LADY ST SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CITY YEAR INC 1122 LADY STREET SUITE 600 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA URBAN LEAGUE INC 1400 BARNWELL ST COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
COLUMBIA URBAN LEAGUE INC 1400 BARNWELL ST COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
JDRF INTERNATIONAL 1122 LADY ST SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 508 HAMPTON ST STE 200 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
SOUTH CAROLINA PHILHARMONIC INC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1122 LADY ST SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
JDRF INTERNATIONAL 1122 LADY ST SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1122 LADY ST SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 1122 LADY STREET SUITE 600 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10,000
PALMETTO HEALTH FOUNDATION 1600 MARION ST COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY PO DRAWER 2786 COLUMBIA, SC 29202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MIDLANDS EDUCATION AND BUSINESS ALL PO BOX 2408 COLUMBIA, SC 29202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EDVENTURE INCPO BOX 1638 COLUMBIA, SC 29202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA MUSEUM OF ART PO BOX 2068 COLUMBIA, SC 29202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COLUMBIA MUSEUM OF ART PO BOX 2068 COLUMBIA, SC 29202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COLUMBIA FILM SOCIETYPO BOX 7063 COLUMBIA, SC 29202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVER GOSPEL MISSIONPO BOX 7697 COLUMBIA, SC 29202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OLIVER GOSPEL MISSIONPO BOX 7697 COLUMBIA, SC 29202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ST BERNARD PROJECT INC 6904 N MAIN ST STE 105 COLUMBIA, SC 29203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF THE MIDLA 2712 MIDDLEBURG DR STE 219 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS NO MORE INC 2711 MIDDLEBURG DRIVE STE 308 COLUMBIA, SC 29204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HOME WORKS OF AMERICA INC 3823 W BELTLINE BLVD COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26,000
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM RD COLUMBIA, SC 29204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM RD COLUMBIA, SC 29204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
SAINT JOSEPHS SCHOOL 3700 DEVINE ST COLUMBIA, SC 29205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	11,551
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,585
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,225
UNIVERSITY OF SOUTH CAROLINA DEVELO 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,788
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LANE COLUMBIA, SC 29209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LANE COLUMBIA, SC 29209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LANE COLUMBIA, SC 29209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERBANKS SOCIETY 500 WILDLIFE PARKWAY COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
AMERICAN CANCER SOCIETY INC 128 STONEMARK LN COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
AMERICAN CANCER SOCIETY INC 128 STONEMARK LN COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF THE MIDLAND 500 GRACERN ROAD COLUMBIA, SC 29210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
BOYS AND GIRLS CLUBS OF THE MIDLAND 500 GRACERN ROAD COLUMBIA, SC 29210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,320
YOUTH CORPSPO BOX 211126 COLUMBIA, SC 29221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH CORPSPO BOX 211126 COLUMBIA, SC 29221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
YOUTH CORPSPO BOX 211126 COLUMBIA, SC 29221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS CANCER PARTNERS OF THE CA 1855 E MAIN STREET SUITE 14 SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPARTANBURG ACADEMIC MOVEMENT 349 E MAIN ST SUITE 101 SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2270 SOUTH PINE STREET SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 2270 SOUTH PINE STREET SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPARTANBURG COMMUNITY COLLEGE FOUND 107 COMMUNITY COLLEGE DR SPARTANBURG, SC 29303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF UPSTATE INC PO BOX 2794 SPARTANBURG, SC 29304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MOBILE MEAL SERVICE OF SPARTANBURG 419 EAST MAIN STREET SPARTANBURG, SC 29304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 420 SOUTH CHURCH STREET SPARTANBURG, SC 29306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 420 S CHURCH STREET SPARTANBURG, SC 29306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 420 S CHURCH STREET SPARTANBURG, SC 29306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MUSIC FOUNDATION OF SPARTANBURG INC 200 E ST JOHN STREET SPARTANBURG, SC 29306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHARLES LEA CENTER FOUNDATION I 195 BURDETTE STREET SPARTANBURG, SC 29307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS CANCER PARTNERS OF THE CA 1855 E MAIN STREET SPARTANBURG, SC 29307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
PET TENDER ANGELS RESCUE AND REHABI PO BOX 273 LANDRUM, SC 29356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 81 GADSDEN ST CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
AMERICAN HEART ASSOCIATION INC 174 EAST BAY ST SUITE 300A-B CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	239
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESCAROLINA 171 CHURCH STREET SUITE 212 CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES OF 81 GADSDEN ST CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 127 KING ST STE 205 CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA HISTORICAL SOCIETY 100 MEETING STREET CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CHARLESTON GAILLARD MANAGEMENT CORP 95 CALHOUN STREET CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CAROLINA ART ASSOCIATION 135 MEETING STREET CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 127 KING ST STE 205 CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN HEART ASSOCIATION INC 174 EAST BAY ST SUITE 300A-B CHARLESTON, SC 29401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE DEE NORTON LOWCOUNTRY CHILDRENS 1061 KING STREET CHARLESTON, SC 29403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST STE 790 CHARLESTON, SC 29403	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,500
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST STE 790 CHARLESTON, SC 29403	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	850
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST STE 790 CHARLESTON, SC 29403	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4248 DORCHESTER RD CHARLESTON, SC 29405	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOME INC 2120 NOISETTE BLVD STE 124 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHARLESTON CHAMBER FOUNDATION 4500 LEEDS AVENUE SUITE 100 NORTH CHARLESTON, SC 29405	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON CHAMBER FOUNDATION 4500 LEEDS AVENUE SUITE 100 NORTH CHARLESTON, SC 29405	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
AMERICAN NATIONAL RED CROSS 2424A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
AMERICAN NATIONAL RED CROSS 2424- A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 6296 RIVERS AVE STE 305 CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2424- A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 2424- A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING AND LENDING OUTREACH SUPPOR 4995 LACROSS RD SUITE 1250 N CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TRI-COUNTY CRADLE-TO-CAREER COLLABO 6296 RIVERS AVENUE SUITE 308 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HELPING AND LENDING OUTREACH SUPPOR 4995 LACROSS RD SUITE 1250 N CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING AND LENDING OUTREACH SUPPOR 4995 LACROSS RD SUITE 1250 N CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 9300 MEDICAL PLAZA DRIVE SUITE F NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 9302 MEDICAL PLAZA DRIVE STE E N CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 9302 MEDICAL PLAZA DRIVE STE E N CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2424- A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
READING PARTNERS 6296 RIVERS AVE STE 305 CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SOUTH CAROLIN 901 ORANGE GROVE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF SOUTH CAROLIN 901 ORANGE GROVE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON, SC 29407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON, SC 29407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR WOMEN 1 CARRIAGE LANE BUILDING C SUITE 200 CHARLESTON, SC 29407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NATIVITY CHURCH & SCHOOL 1061 FOLLY ROAD CHARLESTON, SC 29412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
RESPITE CARE OF CHARLESTON 1605 HARBORVIEW ROAD CHARLESTON, SC 29412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTH CAROLINA ASSOCIATION FOR COMM PO BOX 20577 CHARLESTON, SC 29413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL AFRICAN AMERICAN MUSE PO BOX 22761 CHARLESTON, SC 29413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
INTERNATIONAL AFRICAN AMERICAN MUSE PO BOX 22761 CHARLESTON, SC 29413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
WATER MISSIONS INTERNATIONAL PO BOX 71489 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER MISSIONS INTERNATIONAL PO BOX 71489 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LOWCOUNTRY ORPHAN RELIEF PO BOX 70185 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLESTON SYMPHONY ORCHESTRA PO BOX 30818 CHARLESTON, SC 29417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON, SC 29424	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON, SC 29424	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
LOWCOUNTRY AUTISM FOUNDATION INC 135 RUTLEDGE AVE MSC 561 CHARLESTON, SC 29425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,081
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWCOUNTRY AUTISM FOUNDATION INC 135 RUTLEDGE AVE MSC 561 CHARLESTON, SC 29425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	285
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WINDWOOD FARM HOME FOR CHILDREN INC 4857 WINDWOOD FARM ROAD AWENDAW, SC 29429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333
REIN AND SHINE 5220 BEDAW FARM DRIVE AWENDAW, SC 29429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MITNEY PROJECTPO BOX 349 GEORGETOWN, SC 29442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2411 GEORGETOWN, SC 29442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
FAMILY JUSTICE CENTER OF GEORGETOWN PO BOX 366 GEORGETOWN, SC 29442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2411 GEORGETOWN, SC 29442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HABITAT FOR HUMANITY INTERNATIONAL 1 BELKNAP RD GOOSE CREEK, SC 29445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATURE CONSERVANCY 1417 STUART ENGALS SUITE 100 MOUNT PLEASANT, SC 29464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANDS OF WANDO FOUNDATION PO BOX 927 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	719
BANDS OF WANDO FOUNDATION PO BOX 927 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	461
GOING PLACES PO BOX 2188 MOUNT PLEASANT SC 29465 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANDS OF WANDO FOUNDATION PO BOX 927 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CHASE AFTER A CURE 30 MUIRFIELD VILLAGE COURT SUMMERVILLE, SC 29483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS HOPE FOUNDATIONS INC 4904 BOUNDVIEW COURT SUMMERVILLE, SC 29485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARCH OF DIMES INC 186 SEVEN FARMS DR STE F DANIEL ISLAND, SC 29492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,717
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
FREE MINISTRY2975 CHRUCH ROAD GREEN SEA, SC 29545	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF COASTAL CAROLINA PO BOX 7338 MYRTLE BEACH, SC 29572	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
HORRY COUNTY K-12 FOUNDATION 5001 N KINGS HWY STE 107 RAINBOW HARBOR STE 107 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HORRY-GEORGETOWN TECHNICAL COLLEGE 743 HEMLOCK AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DIRECTIONS OFHORRY COUNTY 732 8TH AVE NORTH MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
S O S HEALTH CARE INCPO BOX 7136 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 950-48TH AVE N SUITE 101 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 608 16TH AVENUE NORTH SUITE F MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
NEW DIRECTIONS OFHORRY COUNTY 732 8TH AVE NORTH MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 3531 PAMPAS DR MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 950-48TH AVE N SUITE 101 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HORRY-GEORGETOWN TECHNICAL COLLEGE 743 HEMLOCK AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
HORRY-GEORGETOWN TECHNICAL COLLEGE 743 HEMLOCK AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1113 44TH AVE NORTH SUITE 200 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BROOKGREEN GARDENSPO BOX 3368 PAWLEYS ISLAND, SC 29585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
HABITAT FOR HUMANITY INTERNATIONAL 165 CO-OP RD MYRTLE BEACH, SC 29588	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 165 CO-OP RD MYRTLE BEACH, SC 29588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
HELP 4 KIDS2523 FORESTBROOK ROAD MYRTLE BEACH, SC 29588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
GREENVILLE AREA PARKINSON SOCIETY 220 N MAIN STREET SUITE 500 GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREENVILLE SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,149
GREENVILLE AREA PARKINSON SOCIETY 220 N MAIN STREET SUITE 500 GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENVILLE AREA PARKINSON SOCIETY 220 N MAIN STREET SUITE 500 GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
COACHES 4 CHARACTER INC 411 RIVER STREET 814 GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,589
YMCA OF GREENVILLE 721 CLEVELAND STREET GREENVILLE, SC 29601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,017
MIRACLE HILL MINISTRIES INC PO BOX 2546 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE HILL MINISTRIES INC PO BOX 2546 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,140
THE SALVATION ARMYPO BOX 1237 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,073
HABITAT FOR HUMANITY INTERNATIONAL 49 GREENLAND DRIVE GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 49 GREENLAND DRIVE GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
HABITAT FOR HUMANITY INTERNATIONAL 49 GREENLAND DRIVE GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHALLENGE TO CONQUER CANCER PO BOX 8232 GREENVILLE, SC 29604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING BREAD INCPO BOX 9371 GREENVILLE, SC 29604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHALLENGE TO CONQUER CANCER PO BOX 8232 GREENVILLE, SC 29604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARRIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 940 GROVE RD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS MCCALL CAMPUS 940 GROVE ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,311
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DRIVE GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUGHES ACADEMY OF SCIENCE AND TECHN 24 SUNSET DRIVE GREENVILLE, SC 29605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,300
FACES AND VOICES OF RECOVERY GREENV 355 WOODRUFF ROAD STE 303 GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY EFFECT 1400 CLEVELAND STREET GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 417 RUTHERFORD STREET GREENVILLE, SC 29609	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY 417 RUTHERFORD STREET GREENVILLE, SC 29609	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES OF HOPE INC3 DUNEAN STREET GREENVILLE, SC 29611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CAROLINAS CLUB FOUNDATION INC 8595 PELHAM ROAD / SUITE 400 318 GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	710
AMERICAN HEART ASSOCIATION INC 156 MILESTONE WAY SUITE A GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 154 MILESTONE WAY GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MUSCULAR DYSTROPHY ASSOCIATION 530 HOWELL ROAD SUITE 201 GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN CANCER SOCIETY INC 154 MILESTONE WAY GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 156 MILESTONE WAY SUITE A GREENVILLE, SC 29615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DINING FOR WOMENPO BOX 25633 GREENVILLE, SC 29616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
DINING FOR WOMENPO BOX 25633 GREENVILLE, SC 29616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JASMINE ROAD INCPO BOX 25452 GREENVILLE, SC 29616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UPSTATE WARRIOR SOLUTION INC 3 CALEDON CT SUITE A-2 GREENVILLE, SC 29617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED CHRISTIAN MINISTRIES OFABBEV PO BOX 502 ABBEVILLE, SC 29620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4124 CLEMSON BLVD SUITE L ANDERSON, SC 29621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 4124 CLEMSON BLVD SUITE L ANDERSON, SC 29621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HAVEN OF REST MINISTRIES INC P O BOX 466 ANDERSON, SC 29622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN OF REST MINISTRIES INC PO BOX 3792 ANDERSON, SC 29622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CLEMSON UNIVERSITY FOUNDATION 110 DANIEL DRIVE CLEMSON, SC 29631	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
CLEMSON UNIVERSITY FOUNDATION 110 DANIEL DRIVE CLEMSON, SC 29631	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION 110 DANIEL DRIVE CLEMSON, SC 29631	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,810
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10,042
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,449
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	760
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	220
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	12,500
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	110
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,110
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT TECHNICAL COLLEGE FOUNDATI PO GREENWOOD, SC 29648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
LANDER FOUNDATION 320 STANLEY AVENUE CAMPUS BOX 6004 GREENWOOD, SC 29649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
TRI-COUNTY TECHNICAL COLLEGE FOUNDA PO BOX 587 PENDLETON, SC 29670	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY TECHNICAL COLLEGE FOUNDA PO BOX 587 PENDLETON, SC 29670	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
PICKENS COUNTY HABITAT FOR HUMANITY 309 EAST CEDAR ROCK STREET PICKENS, SC 29671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,700
SET FREE ALLIANCEPO BOX 1709 SIMPSONVILLE, SC 29681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	820
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SET FREE ALLIANCEPO BOX 1709 SIMPSONVILLE, SC 29681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLAIN ELEMENTARY 506 NEELY FERRY ROAD SIMPSONVILLE, SC 29681	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
SOUTH CAROLINA HISPANIC CHAMBER OF PO BOX 1057 TAYLORS, SC 29687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPSTATE ANIMAL RESCUE FOUNDATION OF PO BOX 195 TOWNVILLE, SC 29689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CROSSROADS LUTHERAN CHURCH 8511 SHELLEY MULLIS ROAD INDIAN LAND, SC 29707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HARRISBURG ELEMENTARY SCHOOL PTO 10251 HARRISBURG ROAD INDIAN LAND, SC 29707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL FOURSQUARE CHURCH 130 SHORELINE PARKWAY TEGA CAY, SC 29708	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
SAVING SOUTHERN KITTIES 409 SUGAR MAPLE DR TEGA CAY, SC 29708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SAVING SOUTHERN KITTIES 409 SUGAR MAPLE DR TEGA CAY, SC 29708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING SOUTHERN KITTIES 409 SUGAR MAPLE DR TEGA CAY, SC 29708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FORT MILL DISTRICT BAND BOOSTER CLU 2764 PLEASANT ROAD 10503 FORT MILL, SC 29708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUSTICE MINISTRIESPO BOX 5216 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE ONE THUNDERBIRD LANE LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
YMCA OF GREATER CHARLOTTE ONE THUNDERBIRD LANE LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LYDIA W SMITH FOUNDATION 3 TANGLEWOOD RD LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYDIA W SMITH FOUNDATION 3 TANGLEWOOD RD LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE ONE THUNDERBIRD LANE LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUSTICE MINISTRIESPO BOX 5216 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC 1625 HWY 55 EAST CLOVER, SC 29710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	135
OAKRIDGE ELEMENTARY SCHOOL PTO 5670 OAKRIDGE ROAD CLOVER, SC 29710	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL ELEMENTARY 6000 HIGHWAY 55 EAST CLOVER, SC 29710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
FORT MILL HISTORY MUSEUM INC 107 CLEBOURNE STREET FORT MILL, SC 29715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DOBYS BRIDGE ELEMENTARY PTO 1000 DRAGON WAY FORT MILL, SC 29715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	782
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOBYS BRIDGE ELEMENTARY PTO 1000 DRAGON WAY FORT MILL, SC 29715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SUGAR CREEK ELEMENTARY PTO 1599 FARM HOUSE DRIVE FORT MILL, SC 29715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
DOBY'S BRIDGE ELEMENTARY 1000 DRAGON WAY FORT MILL, SC 29715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUGAR CREEK ELEMENTARY 1599 FARM HOUSE DRIVE FORT MILL, SC 29715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HORSE N AROUND THERAPEUTIC RIDING C 2593 NORTH ROCKY RIVER ROAD LANCASTER, SC 29720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE HELPING OTHERS PROGRESS THROUG 904 FINLEY RD ROCK HILL, SC 29730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
UPPER PALMETTO YMCA 151 S OAKLAND AVE ROCK HILL, SC 29730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR WELFARE LEAGUE INC PO BOX 3211 ROCK HILL, SC 29731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS ATTENTION HOME INC 1389 EBENEZER ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ATTENTION HOME INC 1389 EBENEZER ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CHILDRENS ATTENTION HOME INC 1389 EBENEZER ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,030
CHILDRENS ATTENTION HOME INC 1389 EBENEZER ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRLS ON THE RUN TRI COUNTY SC 2431 CHERRY ROAD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERWALK ACADEMY 5750 MOUNT GALLANT ROAD ROCK HILL, SC 29732	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
THE PALMETTO SCHOOL AT THE CHILDREN PO BOX 2912 ROCK HILL, SC 29732	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 640 LAURENS STREET NW AIKEN, SC 29801	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 640 LAURENS STREET AIKEN, SC 29801	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AIKEN AREA COUNCIL ON AGING INC PO BOX 3156 AIKEN, SC 29802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 3323 AIKEN, SC 29802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ABUSE PREVENTION ASSOCIATION POST OFFICE BOX 531 BEAUFORT, SC 29901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BEAUFORT MEMORIAL HOSPITAL ENDOWMEN PO BOX 2233 BEAUFORT, SC 29901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
BEAUFORT MEMORIAL HOSPITAL ENDOWMEN PO BOX 2233 BEAUFORT, SC 29901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,625
HABITAT FOR HUMANITY INTERNATIONAL 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,375
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BLUFFTON SELF HELP INC 39 SHERIDAN PARK CIRCLE SUITE 10 BLUFFTON, SC 29910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF BLUFFTON BASEBALL & PO BOX 145 BLUFFTON, SC 29910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SECOND HELPINGS4 NORTHRIDGE DR HILTON HEAD ISLAND, SC 29925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
THE CHILDRENS RELIEF FUND INC 14 WEDGEFIELD DR HILTON HEAD, SC 29926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,452
GLOBAL GROWERS NETWORK INC PO BOX 276 AVONDALE ESTATES, GA 30002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE 410 BRIDGE INC 3955 MARCONI DRIVE SUITE 205 ALPHARETTA, GA 30005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	507
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,282
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	994
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,156
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARCH OF DIMES INC MARCH OF DIMES DONATION PROCESSING CENTER- SC CHARLESTON PO BOX 67366 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,262
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	236
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	760
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	302
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,697
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 673667 MARIETTA, GA 30006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
FULTON SCIENCE ACADEMY PRIVATE SCHO 3035 FANFARE WAY ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETHNE HEALTHPO BOX 1157 CLARKSTON, GA 30021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ETHNE HEALTHPO BOX 1157 CLARKSTON, GA 30021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
PARENT BOOSTER USA INC 4375 KIMBALL BRIDGE ROAD ALPHARETTA, GA 30022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	369
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NURSES HEART TO HEART INC PO BOX 3565 ALPHARETTA, GA 30023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILD SPONSORSHIP PROGRAM INC 320 TOWN CENTER AVE SUITE C-11285 SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
S P E C T R U MPO BOX 3132 SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISION SSO INC 6705 HEMPSTEAD COURT SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,749
VISION SSO INC 6705 HEMPSTEAD COURT SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
S P E C T R U MPO BOX 3132 SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD SPONSORSHIP PROGRAM INC 320 TOWN CENTER AVE SUITE C-11285 SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
FORSYTH COUNTY FAMILY HAVEN INCORPO PO BOX 1160 CUMMING, GA 30028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	635
RELEASHED RESCUE INC 8620 WALLACE TATUM RD CUMMING, GA 30028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
WORLD CAPOEIRA MACULELE ARTS FOUNDA 1111 CLAIREMONT AVE STE B-2 DECATUR, GA 30030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
OAKHURST COOPERATIVE PRESCHOOL PO BOX 2583 DECATUR, GA 30031	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL OF NORTH GEORGIA INC 2201 LAWRENCEVILLE HIGHWAY SUITE 200 DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
GOODWILL OF NORTH GEORGIA INC 2201 LAWRENCEVILLE HIGHWAY SUITE 200 DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUJARI INC4295 HARRISON LANDING CUMMING, GA 30041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL ASSOCIATION OF ASIAN AMERI 4850 SUGARLOAF PKWY SUITE 209-289 LAWRENCEVILLE, GA 30044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL ASSOCIATION OF ASIAN AMERI 4850 SUGARLOAF PKWY SUITE 209-289 LAWRENCEVILLE, GA 30044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA ELEMENTARY SCHOOL 525 BETHESDA SCHOOL RD LAWRENCEVILLE, GA 30044	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
AURORA THEATRE INCPO BOX 2014 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
COMMUNITY OF BOSNIAKS GEORGIA INC 950 GRAYSON HWY LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT CLEAN & BEAUTIFUL SERVICES 446 W CROGAN ST STE 225 LAWRENCEVILLE, GA 30046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL ROAD SW SUITE 205 LILBURN, GA 30047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SALEM MISSIONARY BAPTIST CHURCH INC PO BOX 817 LILBURN, GA 30048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALEM MISSIONARY BAPTIST CHURCH INC PO BOX 817 LILBURN, GA 30048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
MUST MINISTRIES INCPO BOX 1717 MARIETTA, GA 30061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MUST MINISTRIES INCPO BOX 1717 MARIETTA, GA 30061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIUDAD DE ANGELES INC 5240 ROSWELL ROAD NE MARIETTA, GA 30062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CIUDAD DE ANGELES INC 5240 ROSWELL ROAD NE MARIETTA, GA 30062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CIUDAD DE ANGELES INC 5240 ROSWELL ROAD NE MARIETTA, GA 30062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1055 EAST PIEDMONT RD NE MARIETTA, GA 30062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 1055 EAST PIEDMONT RD NE MARIETTA, GA 30062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
SOUTHEAST CATHOLIC WORLDWIDE MARRIA 1563 BUNGALOW PARK LANE MARIETTA, GA 30066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT 82 KENYA INCPO BOX 680003 MARIETTA, GA 30068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WHEELER HIGH SCHOOL PO BOX 684476 MARIETTA, GA 30068	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
YELLOW RIVER WATER TRAIL INC PO BOX 560 PORTERDALE, GA 30070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOW RIVER WATER TRAIL INC PO BOX 560 PORTERDALE, GA 30070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YELLOW RIVER WATER TRAIL INC PO BOX 560 PORTERDALE, GA 30070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OPERATION HOMEFRONT INC 2952 STANSTEAD CIR NORCROSS, GA 30071	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ATLANTA WIND SYMPHONY INC PO BOX 768672 ROSWELL, GA 30076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
G R A C E SCHOLARS INC 2401 LAKE PARK DR SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,575
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
TEN THOUSAND REASONS INC 4351 ASHEVILLE LANE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MARIETTA BASKETBALL INC 1190 WINCHESTER PKY SE SUITE 111 SMYRNA, GA 30080	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WELLSPRING LIVING INC 1040 BOULEVARD SE SUITE M ATLANTA, GA 30082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
6-4-3 FOUNDATION INC 4006 RHYNE CIRCLE SMYRNA, GA 30082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSAC HOUSE OF CARING INC 5877 SOUTHLAND DRIVE STONE MOUNTAIN, GA 30087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREATER HIDDEN HILLS COMMUNITY DEVE 1813 S HIDDEN HILLS PKWY STONE MOUNTAIN, GA 30088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GEORGIA GOAL SCHOLARSHIP PROGRAM IN 3740 DAVINCI CT SUITE 375 PEACHTREE CORNERS, GA 30092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 5600 WEST JONES BRIDGE RD PEACHTREE CORNERS, GA 30092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
YOUNG MENS CHRISTIAN ASSOCIATION OF 5600 WEST JONES BRIDGE RD PEACHTREE CORNERS, GA 30092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PINCKNEYVILLE MIDDLE SCHOOL 4525 EAST JONES BRIDGE ROAD NORCROSS, GA 30092	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1000 CENTER PLACE - ATTN CHRISTINA FAINE NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	585
THE SALVATION ARMY 1000 CENTER PLACE - ATTN CHRISTINA FAINE NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 1000 CENTER PLACE - ATTN CHRISTINA FAINE NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	517
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,200
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
EDWARDS MIDDLE SCHOOL 2633 STANTON RD SE CONYERS, GA 30094	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 6500 SUGARLOAF PKWY STE 260 DULUTH, GA 30097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW HORIZONS FOR CHILDREN INC PO BOX 801395 ACWORTH, GA 30101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	394
NEW HORIZONS FOR CHILDREN INC PO BOX 801395 ACWORTH, GA 30101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL SYMPHONY ORCHESTRA FOUNDATI CARROLL SYMPHONY ORCHESTRA CARROLLTON, GA 30112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND CHANCE ANIMAL RESCUE & ADOPT 7511 EAST CHEROKEE DR CANTON, GA 30115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA MUSEUMS INCPO BOX 3663 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA MUSEUMS INC PO BOX 3070 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GEORGIA MUSEUMS INC PO BOX 3663 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,684
GEORGIA MUSEUMS INC PO BOX 3663 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KEMP ELEMENTARY SCHOOL 865 CORNER RD POWDER SPRINGS, GA 30127	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEMP ELEMENTARY SCHOOL 865 CORNER RD POWDER SPRINGS, GA 30127	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	111
MCEACHERN MEMORIAL UMC 4075 MACLAND ROAD POWDER SPRINGS, GA 30127	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
EAST PAULDING HIGH SCHOOL TOUCHDOWN 280 MERCHANTS DR UNIT 2351 DALLAS, GA 30132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE TOOLS COMMUNITY DEVELOPMENT CO 5357 CHAPEL HILL ROAD DOUGLASVILLE, GA 30135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL RESCUE AID CORPORATION 11832 BIG CANOE JASPER, GA 30143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERRY COLLEGE INC PO BOX 490069 - ADVANCEMENT OFFICE MOUNT BERRY, GA 30149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SMITH GILBERT GARDENS FOUNDATION IN 2382 PINE MOUNTAIN ROAD KENNESAW, GA 30152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COBB COUNTY FOSTER AND ADOPTIVE PAR PO BOX 471 KENNESAW, GA 30156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARLINGTON SCHOOL 1014 CAVE SPRING RD ROME, GA 30161	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NORTH ATLANTA PIPES AND DRUMS 217 BEAVER POND DRIVE WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOVE LIKE BEN INC209 FREELON LANE WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELM STREET CULTURAL ARTS VILLAGE IN 8534 MAIN ST WOODSTOCK, GA 30188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HOPE CENTER INC 295 MOLLY LANE SUITE 120 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORDER OF THE RAINBOW 126 MILL ROAD MCDONOUGH, GA 30253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COWETA ORGANIZATION FOR RIDING REHA 52 OLIVER POTTS RD NEWNAN, GA 30263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COWETA CHARTER ACADEMY 6675 E HWY 16 SENOIA, GA 30276	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 1959 ATLANTA, GA 30301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMYPO BOX 1959 ATLANTA, GA 30301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMYPO BOX 1959 ATLANTA, GA 30301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRICAL OUTFIT INCPO BOX 1555 ATLANTA, GA 30301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL BLACK ARTS FESTIVAL INC 235 PEACHTREE STREET NE NORTH TOWERSUITE 1725 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE POSSE FOUNDATION INC 101 MARIETTA STREET NW SUITE 1040 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA POLICE FOUNDATION INC 191 PEACHTREE STREET NE SUITE 191 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CENTER FOR CIVIC INNOVATION INC 115 MARTIN LUTHER KING JR DRIVE SW UNIT 304 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL BLACK ARTS FESTIVAL INC 235 PEACHTREE STREET NE NORTH TOWERSUITE 1725 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BLACK ARTS FESTIVAL INC 235 PEACHTREE STREET NE NORTH TOWERSUITE 1725 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INROADS INC OFFICE OF DEVELOPMENT - 260 PEACHTREE ST SUITE 400 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
WARRICK DUNN CHARITIES INC 229 PEACHTREE STREET NE SUITE 675 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 229 PEACHTREE STREET NE SUITE 2350 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE POSSE FOUNDATION INC 101 MARIETTA STREET NW SUITE 1040 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
UNITED NEGRO COLLEGE FUND INC 229 PEACHTREE STREET NE SUITE 2350 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170,000
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COMMUNITY MINISTRIES INC 21 BELL ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
ATLANTA NEIGHBORHOOD DEVELOPMENT PA 229 PEACHTREE ST NE STE 705 - 7TH FLOOR ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
ATLANTA POLICE FOUNDATION INC 191 PEACHTREE STREET NE SUITE 191 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COMMUNITY MINISTRIES INC 21 BELL ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,170
ACCESS TO CAPITAL FOR ENTREPRENEURS 84 PEACHTREE STREET NE SUITE 8-D ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
OPERATION HOPE INC 191 PEACHTREE STREET NW SUITE 4000 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LITERACY ACTION INC 231 PEACHTREE ST SUITE M-100 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 101 MARIETTA STREET NW SUITE 1100 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MERCY HOUSING SOUTH EAST 260 PEACHTREE ST SUITE 1800 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13,000
MERCY HOUSING SOUTH EAST 260 PEACHTREE ST SUITE 1800 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR CIVIL AND HUMAN 250 WILLIAMS STREET SUITE 2322 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 EDGEWOOD AVE NE STE 1100 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA STATE UNIVERSITY 75 PIEDMONT AVENUE NE SUITE 1200 ATLANTA, GA 30303	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING CATHOLIC SCHOOL 46 PEACHTREE WAY NE ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,625
CHRIST THE KING CATHOLIC SCHOOL 46 PEACHTREE WAY NE ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,100
NORTHSIDE EDUCATION INC 3260 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE EDUCATION INC 3260 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
NORTHSIDE EDUCATION INC 3260 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BUCKHEAD CHRISTIAN MINISTRY INC 2847 PIEDMONT ROAD ATLANTA, GA 30305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 STE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 3495 PIEDMONT RD BLDG 12 STE 210 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 3495 PIEDMONT RD BLDG 12 STE 210 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	461
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 934048 ATLANTA GA 31193-4048 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 934048 ATLANTA GA 31193-4048 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,829
MARCH OF DIMES INC 3495 PIEDMONT RD BLDG 12 STE 210 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	327
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT RD BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 STE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 STE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 934048 ATLANTA GA 31193-4048 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 STE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 934048 ATLANTA GA 31193-4048 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT RD BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
E RIVERS EDUCATION FOUNDATION INC 8 PEACHTREE BATTLE AVE ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ANTI-DEFAMATION LEAGUE 3490 PIEDMONT ROAD ATLANTA, GA 30305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACHTREE ROAD UNITED METHODIST CHU 3180 PEACHTREE ROAD NW ATLANTA, GA 30305	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
PEACHTREE ROAD UNITED METHODIST CHU 3180 PEACHTREE ROAD NW ATLANTA, GA 30305	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
HILLSIDE INC690 COURTENAY DR NE ATLANTA, GA 30306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORNINGSIDE ELEMENTARY SCHOOL FOUND 1053 E ROCK SPRINGS RD NE ATLANTA, GA 30306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MORNINGSIDE PRESBYTERIAN CHURCH 1411 N MORNINGSIDE DR NE ATLANTA, GA 30306	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,950
MORNINGSIDE PRESBYTERIAN CHURCH 1411 N MORNINGSIDE DR NE ATLANTA, GA 30306	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRUID HILLS PRESCHOOL INC 502 SEMINOLE AVENUE ATLANTA, GA 30307	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	945
PAIDEIA SCHOOL INCORPORATED 1509 PONCE DE LEON AVE ATLANTA, GA 30307	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
SKYLARK VOCAL ENSEMBLE INC 2005 PALIFOX DR NE ATLANTA, GA 30307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,025
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,225
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
YEAR UP INC730 PEACHTREE STREET ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
YEAR UP INC730 PEACHTREE STREET ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	32,000
YEAR UP INC730 PEACHTREE STREET ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
YEAR UP INC730 PEACHTREE STREET ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC730 PEACHTREE STREET ATLANTA, GA 30308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,350
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ATLANTA SHAKESPEARE COMPANY 499 PEACHTREE STREET NE ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA BOTANICAL GARDEN INC 1345 PIEDMONT AVENUE NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	589
BIG BROTHERS BIG SISTERS OF METRO A 1382 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
GEORGIA TRUST FOR HISTORIC PRESERVA 1516 PEACHTREE ST NW ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
CAMP TWIN LAKES INC 1100 SPRING STREET SUITE 260 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ECONOMIC EDUCATION I 1819 PEACHTREE RD NE STE 300 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 1776 PEACHTREE ST SUITE 200S ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 1360 PEACHTREE ST NE 11TH FLOOR ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MARCH OF DIMES INC 1776 PEACHTREE ST SUITE 200S ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 1360 PEACHTREE ST NE 11TH FLOOR ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF METRO A 1382 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MARCH OF DIMES INC 1776 PEACHTREE STREET SUITE 200S ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,860
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,095
NATIONAL COALITION OF 100 BLACK WOM 1718 PEACHTREE STREET NW SUITE 970 ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF CONTEMPORARY ART OF GEORG 75 BENNETT STREET SUITE A2 ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,675
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COALITION OF 100 BLACK WOM 1718 PEACHTREE STREET NW SUITE 970 ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
BOYS & GIRLS CLUBS OF METRO ATLANTA 1642 RICHLAND ROAD ATLANTA, GA 30311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYBODY WINS ATLANTA INC 477 WINDSOR ST SW STE 204 ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FLUX PROJECTS INC 575 BOULEVARD 30 ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OUR HOUSE INC173 BOULEVARD NE ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYBODY WINS ATLANTA INC 477 WINDSOR ST SW STE 204 ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ATLANTA CENTER FOR SELF SUFFICIENCY 460 EDGEWOOD AVENUE SE ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GEORGIA INSTITUTE OF TECHNOLOGY 190 NORTH AVENUE ATLANTA, GA 30313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH FOUNDATION INC 760 PRING STREET STE 400 ATLANTA, GA 30313	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	350
GEORGIA TECH FOUNDATION INC 760 PRING STREET STE 400 ATLANTA, GA 30313	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,450
GEORGIA TECH FOUNDATION INC 760 PRING STREET STE 400 ATLANTA, GA 30313	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF ATLANTA INC 275 CENTENNIAL OLYMPIC PARK DRIVE NW ATLANTA, GA 30313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ATLANTA PUBLIC SCHOOLS 350 TEMPLE ST NW ATLANTA, GA 30314	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIS 180 INC 1017 FAYETTEVILLE RD SUITE B ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,310
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIS 180 INC 1017 FAYETTEVILLE RD SUITE B ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MOVING IN THE SPIRIT INC PO BOX 170230 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EAST LAKE FOUNDATION INC 2606 ALSTON DR SE ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST LAKE FOUNDATION INC 2606 ALSTON DR SE ATLANTA, GA 30317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MOVING IN THE SPIRIT INC PO BOX 170230 ATLANTA, GA 30317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 275 EAST LAKE BLVD SE ATLANTA, GA 30317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BF INC64 EDWIN PLACE NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE GEORGIA INC 1559 JOHNSON RD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GROVE PARK FOUNDATION INC 1562 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
GROVE PARK FOUNDATION INC 1562 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BF INC64 EDWIN PLACE NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
GROVE PARK FOUNDATION INC 1562 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BF INC64 EDWIN PLACE NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE GEORGIA INC 1559 JOHNSON RD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
GROVE PARK FOUNDATION INC 1562 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS EMPOWERMENT ORGANIZATION O 373 W LAKE AVE NW ATLANTA, GA 30318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST MARTINS EPISCOPAL SCHOOL INC 3110-A ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 3110 ASHFORD DUNWOODY RD C/O ST MARTINS ATLANTA, GA 30319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETER HOPKINS FOUNDATION INC 955 STOVALL BLVD ATLANTA, GA 30319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
VISITING NURSE HEALTH SYSTEM INC 1244 PARK VISTA DRIVE ATLANTA, GA 30319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,119
MUSTANG FUND INC 3522 ASHFORD DUNWOODY RD NE 212 ATLANTA, GA 30319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMU IGBO UNITE 4062 PEACHTREE RD NE STE A-317 ATLANTA, GA 30319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 3110 ASHFORD DUNWOODY RD C/O ST MARTINS ATLANTA, GA 30319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 3692 ASHFORD DUNWOODY ROAD ATLANTA, GA 30319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,700
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,300
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	458
OUR LADY OF THE ASSUMPTION CATHOLIC 1320 HEARST DRIVE NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	625
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF THE ASSUMPTION CATHOLIC 1320 HEARST DRIVE NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,300
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	799
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE BODY VILLAGE INCPO BOX 162933 ATLANTA, GA 30321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EMORY UNIVERSITY 1762 CLIFTON RD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
EMORY UNIVERSITY 1762 CLIFTON RD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON RD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SONGS FOR KIDS FOUNDATION INC 1579 MONROE DRIVE STE F-927 ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SONGS FOR KIDS FOUNDATION INC 1579 MONROE DRIVE STE F-927 ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
QUALITY CARE FOR CHILDREN INC 2751 BUFORD HIGHWAY SUITE 500 ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ATLANTA TRACK CLUB INC 201 ARMOUR DR NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	216
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	518
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
KIWANIS FOUNDATION OF ATLANTA INC PO BOX 14104 ATLANTA, GA 30324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA CHAMBER PLAYERS INC PO BOX 20013 ATLANTA, GA 30325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 950 EAST PACES FERRY ROAD SUITE 820 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
WOUNDED WARRIOR PROJECT INC 3343 PEACHTREE RD NE M20 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA WOMENS FOUNDATION INC 3355 LENOX RD SUITE 850 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
NATIONAL MULTIPLE SCLEROSIS SOCIETY 950 EAST PACES FERRY ROAD SUITE 820 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
WOUNDED WARRIOR PROJECT INC 3343 PEACHTREE RD NE M20 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 950 EAST PACES FERRY ROAD SUITE 820 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATIONAL MULTIPLE SCLEROSIS SOCIETY 950 EAST PACES FERRY ROAD SUITE 820 ATLANTA, GA 30326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LOVETT SCHOOL 4075 PACES FERRY ROAD NE ATLANTA, GA 30327	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
ATLANTA SPEECH SCHOOL INC 3160 NORTHSIDE PKWY NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
JACKSON ELEMENTARY SCHOOL 1325 MOUNT PARAN ROAD NW ATLANTA, GA 30327	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON ELEMENTARY SCHOOL 1325 MOUNT PARAN ROAD NW ATLANTA, GA 30327	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ST JUDE CHILDRENS RESEARCH HOSPITAL PALISADES OFFICE PARK 5901 PEACHTREE DUNWOODY RD A ATLANTA, GA 30328	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
ST JUDE CHILDRENS RESEARCH HOSPITAL PALISADES OFFICE PARK 5901 PEACHTREE DUNWOODY RD A ATLANTA, GA 30328	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL PALISADES OFFICE PARK 5901 PEACHTREE DUNWOODY RD A ATLANTA, GA 30328	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	405
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PARKWAY SOUTH TOWER SUITE 400 ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PKWY STE 400 SOUTH TOWER ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY SPRINGS THEATRE COMPANY 227 SANDY SPRINGS PLACE SUITE D309 SANDY SPRINGS, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PKWY STE 400 SOUTH TOWER ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PKWY STE 400 SOUTH TOWER ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA OVARIAN CANCER ALLIANCE INC 6065 ROSWELL ROAD SUITE 512 ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE B370 SANDY SPRINGS, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE B370 SANDY SPRINGS, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE B370 SANDY SPRINGS, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE SUITE B-370 SANDY SPRINGS, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MT VERNON PRESBYTERIAN SCHOOL 471 MT VERNON HWY NE ATLANTA, GA 30328	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VERNON PRESBYTERIAN SCHOOL 471 MT VERNON HWY NE ATLANTA, GA 30328	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
IMMACULATE HEART OF MARY CATHOLIC S 2855 BRIARCLIFF RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
IMMACULATE HEART OF MARY CATHOLIC S 2855 BRIARCLIFF RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE HEART OF MARY CATHOLIC S 2855 BRIARCLIFF RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	258
BENJAMIN FRANKLIN ACADEMY INC 1585 CLIFTON RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 2250 NORTH DRUID HILL ROAD SUITE 250 ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CROHNS & COLITIS FOUNDATION INC 2250 NORTH DRUID HILL ROAD SUITE 250 ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSEA FEED THE HUNGRY AND HOMELESS 4215 WENDELL DRIVE SW SUITE - I ATLANTA, GA 30336	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCUS JEWISH COMMUNITY CENTER OF A 5342 TILLY MILL RD DUNWOODY, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNWOODY HIGH SCHOOL COMMUNITY ASSO 1198 WYNTERHALL LANE ATLANTA, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KINGDOM ADVISORS INC 280 INTERSTATE NORTH CIRCLE SE STE 100 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,670
GENTIVA HOSPICE FOUNDATION 3350 RIVERWOOD PARKWAY SUITE 1400 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 2859 PACES FERRY RD SE 725 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHOW ME SHOES FOUNDATION 2451 CUMBERLAND PARKWAY ATLANTA, GA 30339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
AMORETTES INCORPORATED 2710 FRONTIER CT ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MERCY CARE FOUNDATION INC 5134 PEACHTREE ROAD CHAMBLEE, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA 3995 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	45
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
CHILDRENS HEALTHCARE OF ATLANTA 3995 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA 3995 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
ANDEES ARMYPO BOX 420016 ATLANTA, GA 30342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERTS BIG ADVENTURE INC PO BOX 420917 ATLANTA, GA 30342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ATLANTA SANTA RUN INC PO BOX 420917 ATLANTA, GA 30342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SARAH SMITH EDUCATION FOUNDATION IN 4279 ROSWELL ROAD SUITE 208 NO 226 ATLANTA, GA 30342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH SMITH EDUCATION FOUNDATION IN 4279 ROSWELL ROAD SUITE 208 NO 226 ATLANTA, GA 30342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MUSCULAR DYSTROPHY ASSOCIATION 2310 PARKLAKE DRIVE SUITE 375 ATLANTA, GA 30345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSCULAR DYSTROPHY ASSOCIATION 2310 PARKLAKE DRIVE SUITE 375 ATLANTA, GA 30345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDITORY-VERBAL CENTER INC 1901 CENTURY BLVD SUITE 20 ATLANTA, GA 30345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GIRL SCOUTS OF GREATER ATLANTA INC 2375 SHALLOWFORD RD NE ATLANTA, GA 30345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GERMAN CULTURAL FOUNDATION 400 NORTHRIDGE PKWY 580 ATLANTA, GA 30350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVEMENT REWARDS FOR COLLEGE SCI PO BOX 52124 ATLANTA, GA 30355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,875
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GOLDEN RETRIEVER RESCUE OF ATLANTA PO BOX 7743 ATLANTA, GA 30357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
LETS CURE CP INCPO BOX 81993 ATLANTA, GA 30366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2565 THOMPSON BRIDGE ROAD GAINESVILLE, GA 30501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
AMERICAN CANCER SOCIETY INC 2565 THOMPSON BRIDGE ROAD GAINESVILLE, GA 30501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KEATON FRANKLIN COKER FOUNDATION IN PO BOX 2697 GAINESVILLE, GA 30503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GEORGIA MOUNTAIN FOOD BANK INC 1642 CALVARY INDUSTRIAL DRIVE SW GAINESVILLE, GA 30507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LANIER BAND BOOSTER ASSOCIATION PO BOX 2211 BUFORD, GA 30515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANIER BAND BOOSTER ASSOCIATION PO BOX 2211 BUFORD, GA 30515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EAST COAST HUMANE SOCIETY INC 3745 ROXWOOD PARK DR BUFORD, GA 30518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ACCESS TO CAPITAL FOR ENTREPRENEURS 3173 HIGHWAY 129 NORTH CLEVELAND, GA 30528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOCCOA-STEPHENS COUNTY HUMANE SHELT PO BOX 2182 TOCCOA, GA 30577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HEALTHCARE OF ATLANTA INC 227 MEMORIAL HALL ATHENS, GA 30601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ATHENS LAND TRUST INC 685 N POPE STREET ATHENS, GA 30601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 153 TATE STUDENT CENTER ATHENS, GA 30602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	396
UNIVERSITY OF GEORGIA RESEARCH FOUN 310 EAST CAMPUS ROAD 409 TUCKER HALL ATHENS, GA 30602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CAMP KESEM NATIONAL 102U TATE STUDENT CENTER 48 ATHENS, GA 30602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA 4-H CLUB FOUNDATION COOPERA 305 HOKE SMITH ANNEX ATHENS, GA 30602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	287
GEORGIA 4-H CLUB FOUNDATION COOPERA 305 HOKE SMITH ANNEX ATHENS, GA 30602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	44
THE SALVATION ARMY 484 HAWTHORNE AVE ATHENS, GA 30606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,017
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ATHENS PREGNANCY CENTER INC 767 OGLETHORPE AVE ATHENS, GA 30606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 105 WESTPARK DR STE C ATHENS, GA 30606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHENS PREGNANCY CENTER INC 767 OGLETHORPE AVE ATHENS, GA 30606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 1720 EPPS BRIDGE PKWY STE 108-383 ATHENS, GA 30606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YOUNG MENS CHRISTIAN ASSOCIATION OF 915 HAWTHORNE AVENUE ATHENS, GA 30606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 915 HAWTHORNE AVENUE ATHENS, GA 30606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FERST READERS INCPO BOX 1327 MADISON, GA 30650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BUTTERFLY DREAMS FARM THERAPEUTIC R 2981 HOG MOUNTAIN ROAD WATKINSVILLE, GA 30677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTTERFLY DREAMS FARM THERAPEUTIC R 2981 HOG MOUNTAIN ROAD WATKINSVILLE, GA 30677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
DALTON STATE COLLEGE FOUNDATION INC 650 COLLEGE DRIVE DALTON, GA 30720	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
HUNTER WORLEY FOUNDATION INC PO BOX 187 RINGGOLD, GA 30736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1384 GREENE STREET AUGUSTA, GA 30901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
FAMILY Y YOUNG MENS CHRISTIAN ASSOC 1058 CLAUSSEN ROAD SUITE 100 AUGUSTA, GA 30907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE HOUSE INCPO BOX 3597 AUGUSTA, GA 30914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PEACH PITPO BOX 891 FORT VALLEY, GA 31030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACH PITPO BOX 891 FORT VALLEY, GA 31030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
ANIMAL RESCUE FOUNDATION OF BALDWIN PO BOX 1032 MILLEDGEVILLE, GA 31059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
REBUILDING TOGETHER WARNER ROBINS I 110 OAK GROVE ROAD WARNER ROBINS, GA 31093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEETPO BOX 5216 ATLANTA, GA 31107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NAVICENT HEALTH FOUNDATION INC 858 HIGH STREET MACON, GA 31201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES OF 1160 FORSYTH STREET MACON, GA 31201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CENTRAL GEO 277 MARTIN LUTHER KING JR BLVD MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES OF 1160 FORSYTH STREET MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 804 CHERRY ST STE A MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF MIDDLE GEORGIA IN 774 HAZEL STREET MACON, GA 31202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	62
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PARKWAY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PARKWAY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PARKWAY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MIDDLE GEORGIA STATE UNIVERSITY FOU 100 UNIVERSITY PARKWAY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE CORPORATION OF MERCER UNIVERSIT 1501 MERCER UNIVERSITY DR ATTN TREASURERS OFFICE MACON, GA 31207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CORPORATION OF MERCER UNIVERSIT 1501 MERCER UNIVERSITY DR ATTN TREASURERS OFFICE MACON, GA 31207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
THE CORPORATION OF MERCER UNIVERSIT 1501 MERCER UNIVERSITY DR ATTN TREASURERS OFFICE MACON, GA 31207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
UNITED IN PINK INC1515 BASS ROAD MACON, GA 31210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5962 ZEBULON ROAD PMB 359 MACON, GA 31210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 5962 ZEBULON ROAD PMB 359 MACON, GA 31210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE EAST BLVD MACON, GA 31217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE EAST BLVD MACON, GA 31217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
KITTY CITY CAT RESCUE INC 4530 KNIGHT ROAD MACON, GA 31220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KITTY CITY CAT RESCUE INC 4530 KNIGHT ROAD MACON, GA 31220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SECOND CHANCES EQUINE RESCUE INC 7663 GA HIGHWAY 196 W HINESVILLE, GA 31313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING SERVICES AGENCY I 6 EAST BAY STREET SAVANNAH, GA 31401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAVANNAH MUSIC FESTIVAL INC 200 EAST ST JULIAN STREET SUITE 601 SAVANNAH, GA 31401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,325
ST VINCENT'S ACADEMY 207 EAST LIBERTY ST SAVANNAH, GA 31401	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1405 SAVANNAH, GA 31402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1405 SAVANNAH, GA 31402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	830
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1405 SAVANNAH, GA 31402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF GEORGIA INC 6001 CHATHAM CENTER DRIVE SUITE 150 SAVANNAH, GA 31405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 4849 PAULSEN STREET SUITE 102 SAVANNAH, GA 31405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 6400 HABERSHAM STREET STE A SAVANNAH, GA 31405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST JOSEPHS CANDLER HEALTH SYSTEM IN 5356 REYNOLDS STREET SUITE 400 SAVANNAH, GA 31405	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	640
THE SAVANNAH COMMUNITY FOUNDATION I 2225 NORWOOD AVENUE SUITE B SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	645
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAVANNAH COMMUNITY FOUNDATION I 2225 NORWOOD AVENUE SUITE B SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GOODWILL OF THE COASTAL EMPIRE INC 7220 SALLIE MOOD SAVANNAH, GA 31406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRESH AIR HOME 2 MARSH HARBOR COVE SAVANNAH, GA 31410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
SAVANNAH PHILHARMONIC CORPORATION PO BOX 11323 SAVANNAH, GA 31412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,200
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL EMPIRE HABITAT FOR HUMANITY 1106 EAST 70TH STREET SAVANNAH, GA 31416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EXCHANGE CLUB CENTER FOR PREVENTION PO BOX 16585 SAVANNAH, GA 31416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GODESIGN INCPO BOX 14292 SAVANNAH, GA 31416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	875
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FREDERICA ACADEMY INC 200 MURRAY WAY ST SIMONS ISLAND, GA 31522	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDERICA ACADEMY INC 200 MURRAY WAY ST SIMONS ISLAND, GA 31522	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF THE GOLDEN ISLES INC 1692 GLYNCO PARKWAY BRUNSWICK, GA 31525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROJECT SMILE INC308 BEDELL AVE WOODBINE, GA 31569	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE SALVATION ARMY 320 SMITHLAND PL VALDOSTA, GA 31601	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUCKS UNLIMITED INCPO BOX 71309 ALBANY, GA 31708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	635
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,644
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,585
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,560
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500,000
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	91
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249,943
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIFTON JUDICIAL CIRCUIT SHELTER INC P O BOX 2727 TIFTON, GA 31793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 233 12TH ST STE 710 COLUMBUS, GA 31901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 233 12TH ST STE 710 COLUMBUS, GA 31901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 233 12TH ST STE 710 COLUMBUS, GA 31901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	986
COLUMBUS REGIONAL MEDICAL FOUNDATIO 707 CENTER STREET COLUMBUS, GA 31902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERCYMED OF COLUMBUS 3702 2ND AVENUE COLUMBUS, GA 31906	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF THE CHATTAH 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUBS OF THE CHATTAH 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BOYS AND GIRLS CLUBS OF THE CHATTAH 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN ADVISORS INCPO BOX 5305 COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLUMBUS REGIONAL TENNIS ASSOC INC PO BOX 8236 COLUMBUS, GA 31908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FEEDING THE VALLEY INCPO BOX 8904 COLUMBUS, GA 31908	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHQUAKE LIVE INCPO BOX 2384 PONTE VEDRA BEACH, FL 32004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,035
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA BACH, FL 32004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA BEACH, FL 32004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA BEACH, FL 32004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
NASSAU HUMANE SOCIETY INC 639 AIRPORT ROAD FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMELIA ISLAND MUSEUM OF HISTORY INC 233 S 3RD ST FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASSAU COUNTY COUNCIL ON AGING INCO 1367 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KATIE CAPLES FOUNDATION INC 910 S 8TH ST 101 FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NASSAU COUNTY COUNCIL ON AGING INCO 1367 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATIE CAPLES FOUNDATION INC 910 S 8TH ST 101 FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MICAHS PLACE INCPO BOX 16287 FERNANDINA BEACH, FL 32035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PREGNANCY CRISIS CENTER INC 130 NW HILTON AVE LAKE CITY, FL 32055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNUNCIATION SCHOOL 1610 BLANDING BLVD MIDDLEBURG, FL 32068	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	30
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,128
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
PALM VALLEY ACADEMY PTO 700 BOBCAT LANE PONTE VEDRA BEACH, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST EPISCOPAL CHURCH OF PONTE VE 400 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE YOUNG MENS CHRISTIAN ASSOCIATIO 170 LANDRUM LANE PONTE VEDRA, FL 32082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRIGHT HOLIDAYS INC 7540 FOUNDERS WAY PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PONTE VEDRA PALM VALLEY- RAWLINGS E 630 A1A N PONTE VEDRA BEACH, FL 32082	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 7 HOPKINS ST SAINT AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS HOUSING PARTNERSHIP INC PO BOX 1086 SAINT AUGUSTINE, FL 32085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
FIRST TEE OF NORTH FLORDIA INC 475 WEST TOWN PLACE SUITE 115 ST AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
HEALTHY U NOW FOUNDATION INC 3800 JOE ASHTON ROAD ST AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEALTHY U NOW FOUNDATION INC 3800 JOE ASHTON ROAD ST AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 187 BUNNELL, FL 32110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
VOLUSIA-FLAGLER COUNTY COALITION FO PO BOX 309 DAYTONA BEACH, FL 32114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VOLUSIA-FLAGLER COUNTY COALITION FO PO BOX 309 DAYTONA BEACH, FL 32114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,900
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VOLUSIA LITERACY COUNCIL INC 826 WHITE ST DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,453
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUSIA LITERACY COUNCIL INC 826 WHITE ST DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HALIFAX HOSPICE INC 3800 WOODBRIAR TRAIL PORT ORANGE, FL 32129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALIFAX HOSPICE INC 3800 WOODBRIAR TRAIL PORT ORANGE, FL 32129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC 5455 BELLE TERRE PKWY PALM COAST, FL 32137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PATHWAYS ELEMENTARY SCHOOL 2100 AIRPORT RD ORMOND BEACH, FL 32174	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 328 NORTH OCEAN STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
YEAR UP INC 101 WEST STATE STREET SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
YEAR UP INC 101 WEST STATE STREET SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 101 WEST STATE STREET SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
YEAR UP INC 101 WEST STATE STREET SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	574
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE CHILDRENS CHORUS INC 225 EAST DUVAL STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,595
JACKSONVILLE SYMPHONY ASSOCIATION 300 WATER STREET SUITE 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 E ADAMS ST STE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE CHILDRENS CHORUS INC 225 EAST DUVAL STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LEARN TO READ INC 40 E ADAMS STREET LL30 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55,000
CITY YEAR INC 6 EAST BAY STREET 2ND FLOOR JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JACKSONVILLE CHAMBER FOUNDATION INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE SYMPHONY ASSOCIATION 300 WATER STREET SUITE 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,675
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 50 N LAURA ST D JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,375
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY FOUNDATIONS OF NORTHEAST FLO 40 EAST ADAMS ST STE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ALLIANCE FOR COMMUNITY DEVE 126 WEST ADAMS STREET SUITE 601 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JACKSONVILLE SYMPHONY ASSOCIATION 300 WATER STREET SUITE 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
FAMILY FOUNDATIONS OF NORTHEAST FLO 40 EAST ADAMS ST STE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 100 NORTH LAURA STREET SUITE 600 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
JACKSONVILLE CHILDRENS CHORUS INC 225 EAST DUVAL STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WELDON JOHNSON BRANCH PO BOX 2851 JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WORLD AFFAIRS COUNCIL OF JACKSONVIL 100 FESTIVAL PARK AVE JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
JACKSONVILLE HISTORICAL SOCIETY INC 314 PALMETTO STREET JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS FAMILIES AND FRIENDS OF LES PO BOX 2971 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NORTH FLORIDA LAND TRUST INC 2038 GILMORE STREET JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC PMB 356 1650 MARGARET STREET STE 302 JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENTS FOUNDATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FLORIDA LAND TRUST INC 2038 GILMORE STREET JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
RIVERSIDE-AVONDALE PRESERVATION INC 2623 HERSCHEL ST JACKSONVILLE, FL 32204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
NORTHEAST FLORIDA AIDS NETWORK INC 2715 OAK STREET JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	456
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTHEAST FLORIDA AIDS NETWORK INC 2715 OAK STREET JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MURRAY HILL MINISTRIES INC PO BOX 380006 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 380103 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	244
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GATEWAY COUNCIL INC 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC 1171 LANE AVE S APT 214 JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GATEWAY COUNCIL INC 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GATEWAY COUNCIL INC 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2404 HUBBARD ST JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 2404 HUBBARD ST JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
OPERATION NEW HOPE 1830 NORTH MAIN STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION NEW HOPE 1830 NORTH MAIN STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	732
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EPILEPSY FOUNDATION OF FLORIDA INC 5209 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
GIRLS ON THE RUN OF NORTHEAST FLORI 3986 BOULEVARD CENTER DRIVE SUITE 102 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
EPILEPSY FOUNDATION OF FLORIDA INC 5209 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,695
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF NORTHEAST FLORI 3986 BOULEVARD CENTER DRIVE SUITE 102 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,929
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
ABILITY HOUSING INC 3740 BEACH BLVD SUITE 304 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,531
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY NUTCRACKER INC 4446 HENDRICKS AVE STE 364 JACKSONVILLE, FL 32207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,060
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,125
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
POP WARNER LITTLE SCHOLARS INC 2544 ROBERT STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHWEST JACKSONVILLE COMMUNITY DE 3416 MONCRIEF ROAD STE 200 JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALIVAI WASHINGTON KIDS FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MALIVAI WASHINGTON KIDS FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHANDS JACKSONVILLE FOUNDATION INC 580 WEST 8TH STREET TOWER 1 SUITE 3510 JACKSONVILLE, FL 32209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DIVA 1016424 PINELOCK DRIVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK RD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4237 SALISBURY ROAD 406 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,900
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	289
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 4237 SALISBURY ROAD 406 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4237 SALISBURY ROAD 406 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	466
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 4237 SALISBURY ROAD 406 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,155
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF JACKSONVI 6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
COMMUNITIES IN SCHOOLS OF JACKSONVI 6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,000
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,850
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,950
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,850
POP WARNER LITTLE SCHOLARS INC 14165 N MAIN ST BLDG B JACKSONVILLE, FL 32218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE ZOOLOGICAL SOCIETY INC 370 ZOO PARKWAY JACKSONVILLE, FL 32218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ST PATRICK'S CATHOLIC SCHOOL 601 AIRPORT CENTER DR EAST JACKSONVILLE, FL 32218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 12627 SAN JOSE BLVD SUITE 504 ROOM 504B JACKSONVILLE, FL 32223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DONNA FOUNDATION INC 11762 MARCO BEACH DRIVE SUITE 6 JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,220
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DONNA FOUNDATION INC 11762 MARCO BEACH DRIVE SUITE 6 JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE DONNA FOUNDATION INC 11762 MARCO BEACH DRIVE SUITE 6 JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
CUB SCOUT PACK 276 CO HODGES BLVD 4140 HODGES BLVD JACKSONVILLE, FL 32224	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
FARM OF THE CHILD INC MO 1616 NOTTINGHAM KNOLL DRIVE JACKSONVILLE, FL 32225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERLEAF ELEMENTARY 450 KERNAN BLVD NORTH JACKSONVILLE, FL 32225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MARINE TOYS FOR TOTS FOUNDATION 8820 SOMERS RD S JACKSONVILLE, FL 32226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARINE TOYS FOR TOTS FOUNDATION 8820 SOMERS RD S JACKSONVILLE, FL 32226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE PARENT HELP CENTER INC PO BOX 60722 JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC PO BOX 8094 JACKSONVILLE, FL 32239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC PO BOX 8094 JACKSONVILLE, FL 32239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
POP WARNER LITTLE SCHOLARS INC PO BOX 8094 JACKSONVILLE, FL 32239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
HARVEY BERNHARDT FOUNDATION INC PO BOX 51341 JACKSONVILLE, FL 32240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS FOUNDATION OF EXCHANGE CL PO BOX 50795 JACKSONVILLE BEACH, FL 32240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MUSCULAR DYSTROPHY ASSOCIATION 6196 LAKE GRAY BLVD STE 105 JACKSONVILLE, FL 32244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MUSCULAR DYSTROPHY ASSOCIATION 6196 LAKE GRAY BLVD STE 105 JACKSONVILLE, FL 32244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOL 5752 BLANDING BLVD JACKSONVILLE, FL 32244	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AMIKIDS INC13375 BEACH BOULEVARD JACKSONVILLE, FL 32246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	574
STRENGTH NATION13120 POCOSIN DR JACKSONVILLE, FL 32246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRENGTH NATION13120 POCOSIN DR JACKSONVILLE, FL 32246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BEACHES EMERGENCY ASSISTANCE MINIST 850 SIXTH AVE SOUTH SUITE 400 JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
BEACHES EMERGENCY ASSISTANCE MINIST 850 SIXTH AVE SOUTH SUITE 400 JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATE AMATO FOUNDATION INC 1571 BLUE HERON LANE EAST JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
KATE AMATO FOUNDATION INC 1571 BLUE HERON LANE EAST JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
PIT SISTERS INC 14286-19 234 BEACH BLVD JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACHES FINE ARTS SERIES INC 416 12TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MISSION HOUSE INC800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
POP WARNER LITTLE SCHOLARS INC PO BOX 51107 JAX BCH, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVENUE NORTH UNITS DE JACKSONVILLE, FL 32254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVENUE NORTH UNITS DE JACKSONVILLE, FL 32254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WELDON JOHNSON COLLEGE PREPAR 3276 NORMAN E THAGARD BLVD JACKSONVILLE, FL 32254	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
CELEBRATION CHURCH OF JACKSONVILLE PO BOX 551341 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JACKSONVILLE COUNTRY DAY SCHOOL 10063 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,045
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	545
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10423 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,210
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,865
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,875
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,020
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,130
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JFCS CHARITIES INC 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,100
DUVAL CHARTER AT BAYMEADOWS 7510 BAYMEADOWS WAY JACKSONVILLE, FL 32256	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
SEAMARK RANCH INC 1 SAN JOSE PLACE JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 11250 OLD ST AUGUSTINE RD STE 15-185 JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIETNAMESE ASSOCIATION OF JACKSONVI 9355 JAYBIRD CIR EAST JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUVAL CHARTER SCHOOL AT MANDARIN 5209 SHAD RD JACKSONVILLE, FL 32257	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE JEWISH CENTER 3662 CROWN POINT RD JACKSONVILLE, FL 32257	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
RENAISSANCE ELEMENTARY CHARTER SCHO 12755 FLAGLER CENTER BLVD JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALAYALEE ASSOCIATION OF NORTH FLOR 12404 ACOSTA OAKS DR JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MALAYALEE ASSOCIATION OF NORTH FLOR 12404 ACOSTA OAKS DR JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MALAYALEE ASSOCIATION OF NORTH FLOR 12404 ACOSTA OAKS DR JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALAYALEE ASSOCIATION OF NORTH FLOR 12404 ACOSTA OAKS DR JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MALAYALEE ASSOCIATION OF NORTH FLOR 12404 ACOSTA OAKS DR JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA FLORIDA CONGRESS 14799 BARTRAM SPRINGS PARKWAY JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JUAN DEL RIO CATHOLIC CHURCH 1718 STATE RD 13 N ST JOHNS, FL 32259	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 337 SUMMERSET DR TROOP 718 SAINT JOHNS, FL 32259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREEKS ATHLETIC ASSOCIATION INC 1721 RACETRACK ROAD SAINT JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CREEKSIDE HIGH SCHOOL PARENT TEACHE 100 KNIGHTS LANE ST JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THREE GRAINS OF RICE MISSIONS INC PO BOX 600664 JACKSONVILLE, FL 32260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGENCY CARE HELP ORGANIZATION 1707 S GADSDEN STREET TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
PACE CENTER FOR GIRLS INC 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	8,465
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,660
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,100
TALLAHASSEE SYMPHONY ORCHESTRA INC 515 PARK AVE EAST TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FLORIDA HOUSING COALITION INC 1367 E LAFAYETTE STREET STE C TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLAHASSEE LENDERS CONSORTIUM INC 224 OFFICE PLAZA TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FLORIDA FIRE AND EMERGENCY SERVICES 221 PINEWOOD DRIVE TALLAHASSEE, FL 32301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE TALLAHASSEE BALLET INC PO BOX 772 TALLAHASSEE, FL 32302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLAHASSEE MEMORIAL HEALTHCARE FOU 1331 E 6TH AVE TALLAHASSEE, FL 32303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,780
TALLAHASSEE MEMORIAL HEALTHCARE FOU 1331 E 6TH AVE TALLAHASSEE, FL 32303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITIES IN SCHOOLS OF FLORIDA I C/O TCC 444 APPLEYARD DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 32304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 32304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
BOY SCOUTS OF AMERICA 2032 THOMASVILLE RD TALLAHASSEE, FL 32308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2851 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CHILDRENS HOME SOCIETY OF FLORIDA 1801 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS & BIG SISTERS OF THE B 565 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGTIME TALLAHASSEE FESTIVAL INC 501 EAST TENNESSEE ST SUITE A TALLAHASSEE, FL 32308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MUSCULAR DYSTROPHY ASSOCIATION 1574-B VILLAGE SQUARE BOULEVARD TALLAHASSEE, FL 32309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DUCKS UNLIMITED INC 2002 BUSHY HALL ROAD TALLAHASSEE, FL 32309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BEND HABITAT FOR HUMANITY INC 2921 ROBERTS AVENUE TALLAHASSEE, FL 32310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE BOYS AND GIRLS CLUB OF THE BIG 723 W ORANGE AVENUE TALLAHASSEE, FL 32314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE BOYS AND GIRLS CLUB OF THE BIG 723 W ORANGE AVENUE TALLAHASSEE, FL 32314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTH FLORIDA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 430 E 15TH STREET PANAMA CITY, FL 32405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
TEEN CHALLENGE OF FLORIDA INC 1213 HOPE CIRCLE BONIFAY, FL 32425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIGHTYCAUSE CHARITABLE FOUNDATION PO BOX 160 MARIANNA, FL 32447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST JOSEPH BAY HUMANE SOCIETY INC 138 MAIN SAIL LANE PORT ST JOE, FL 32456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 707 E CERVANTES STREET SUITE B PMB 112 PENSACOLA, FL 32501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF NORTHWEST FLO 11 NORTH B STREET PENSACOLA, FL 32502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 222 NORTH BAYLEN ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AUTISM PENSACOLA INC P O BOX 30213 PENSACOLA, FL 32503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC GATEWAY INC 3932 N 10TH AVE PENSACOLA, FL 32503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
THE ARC GATEWAY INC 3932 N 10TH AVE PENSACOLA, FL 32503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA CATHOLIC HIGH SCHOOL 3043 W SCOTT STREET PENSACOLA, FL 32505	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PENSACOLA CATHOLIC HIGH SCHOOL 3043 W SCOTT STREET PENSACOLA, FL 32505	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
GREATER PENSACOLA JUNIOR GOLF ASSOC 3924 WEST NAVY BOULEVARD PENSACOLA, FL 32507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PENSACOLA JUNIOR GOLF ASSOC 3924 WEST NAVY BOULEVARD PENSACOLA, FL 32507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GREATER PENSACOLA JUNIOR GOLF ASSOC 3924 WEST NAVY BOULEVARD PENSACOLA, FL 32507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREATER PENSACOLA JUNIOR GOLF ASSOC 3924 WEST NAVY BOULEVARD PENSACOLA, FL 32507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTONMENT ROTARY CLUB FOUNDATION I 1765 E NINE MILE RD STE1 217 PENSACOLA, FL 32514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANTONMENT ROTARY CLUB FOUNDATION I 1765 E NINE MILE RD STE1 217 PENSACOLA, FL 32514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COUNCIL ON AGING OF WEST FLORIDA IN 875 ROYCE STREET PENSACOLA, FL 32522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF NORTHEAST PENSACO PO BOX 567 CANTONMENT, FL 32533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MIRACLE LEAGUE OF NORTHEAST PENSACO PO BOX 567 CANTONMENT, FL 32533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDREN IN CRISIS INC 1000 LUKES WAY FT WALTON BEACH, FL 32547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINFONIA GULF COAST INC PO BOX 6326 MIRAMAR BEACH, FL 32550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DESTIN CHARITY WINE AUCTION FOUNDAT 195 GRAND BOULEVARD SUITE 200 MIRAMAR BEACH, FL 32550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
DESTIN CHARITY WINE AUCTION FOUNDAT 195 GRAND BOULEVARD SUITE 200 MIRAMAR BEACH, FL 32550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST KIDS HOUSE INC 3401 N 12TH AVE PENSACOLA, FL 32563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GULF COAST KIDS HOUSE INC 3401 N 12TH AVE PENSACOLA, FL 32563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GULF COAST KIDS HOUSE INC 3401 N 12TH AVE PENSACOLA, FL 32563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD COAST EXCEPTIONAL FAMILIES PO BOX 5188 NAVARRE, FL 32566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EMERALD COAST EXCEPTIONAL FAMILIES PO BOX 5188 NAVARRE, FL 32566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AIR COMMANDO FOUNDATION INC PO BOX 7 MARY ESTHER, FL 32569	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EOD WARRIOR FOUNDATION INC 701 JOHN SIMS PARKWAY EAST SUITE 305 NICEVILLE, FL 32578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
EVERY CHILD A READER IN ESCAMBIA PO BOX 71 PENSACOLA, FL 32591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FACIAL PAIN ASSOCIATION INC 22 SE 5TH AVE SUITE D GAINESVILLE, FL 32601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE FACIAL PAIN ASSOCIATION INC 22 SE 5TH AVE SUITE D GAINESVILLE, FL 32601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILD ADVOCACY CENTER INC PO BOX 13454 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,640
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ALACHUA HABITAT FOR HUMANITY INC 2630 NW 41ST ST STE C-3 GAINESVILLE, FL 32606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTH CENTRAL FLORIDA HOSPICE INC 4200 NW 90TH BLVD GAINESVILLE, FL 32606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1600 SW 14TH STREET GAINESVILLE, FL 32608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 1600 SW 14TH STREET GAINESVILLE, FL 32608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MIRACLE NETWORK 1130 SW 5TH AVE APT 205 GAINESVILLE, FL 32608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES BUREAU 1701 NE 9 STREET GAINESVILLE, FL 32609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
AMERICAN NATIONAL RED CROSS 1425 NW 6TH STREET GAINESVILLE, FL 32609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHANDS TEACHING HOSPITAL AND CLINIC PO BOX 100386 GAINESVILLE, FL 32610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANDS TEACHING HOSPITAL AND CLINIC PO BOX 100386 GAINESVILLE, FL 32610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	575
CAMP KESEM NATIONAL 505 SW 2ND AVE APT 2313B GAINESVILLE, FL 32611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF FLORIDA FOUNDATION IN 3259 HULL ROAD GAINESVILLE, FL 32611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDUCATION FOUNDATION OF ALACHUA 2802 N E 8TH AVENUE GAINESVILLE, FL 32641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OCEAN HABITATS INC 410 SW WACAHOOTA RD MICANOPY, FL 32667	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
KIRBY FAMILY FARMPO BOX 71 WILLISTON, FL 32696	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,470
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE COMMUNITY CENTER INC 1016 N PARK AVE APOPKA, FL 32712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE COMMUNITY CENTER INC 1016 N PARK AVE APOPKA, FL 32712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUSKY HAVEN OF FLORIDA INC PO BOX 195066 WINTER SPRINGS, FL 32719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD STE 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAND HIGH SCHOOL800 N HILL AVE DELAND, FL 32724	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
IMPOWER INC 111 W MAGNOLIA AVENUE LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	866
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED ARTS OF CENTRAL FLORIDA INC 2450 MAITLAND CENTER PARKWAY SUITE 201 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,236
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MT DORA CHRISTIAN ACADEMY 301 W 13TH AVE MOUNT DORA, FL 32757	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	180
LAKE CARE INC 2001 WEST OLD HIGHWAY 441 SUITE 1 MOUNT DORA, FL 32757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PICNIC PROJECT INCPO BOX 2092 SANFORD, FL 32772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FLORIDA PROSPERITY PARTNERSHIP INC 250 W LAKE MARY BLVD 289 SANFORD, FL 32773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ONE CHURCH USA INC1675 DIXON RD LONGWOOD, FL 32779	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,990
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES OF GREATER O 2100 LEE ROAD WINTER PARK, FL 32789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALBIN POLASEK MUSEUM AND SCULPTURE 633 OSCEOLA AVE WINTER PARK, FL 32789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,044
ALZHEIMERS & DEMENTIA RESOURCE CENT 715 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
B A S E CAMP CHILDRENS CANCER FOUND 650 N WYNMORE RD STE 103 WINTER PARK, FL 32789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARGARET MARY CATHOLIC CHURCH 526 N PARK AVENUE WINTER PARK, FL 32789	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
FLORIDA LEADERSHIP VENTURE INC PO BOX 940633 MAITLAND, FL 32794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FLORIDA LEADERSHIP VENTURE INC PO BOX 940633 MAITLAND, FL 32794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMFORT AID INTERNATIONAL PO BOX 954152 LAKE MARY, FL 32795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
POP WARNER LITTLE SCHOLARS INC PO BOX 951901 LAKE MARY, FL 32795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 WEST AMELIA STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 WEST AMELIA STREET ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FLORIDA COMMUNITY LOAN FUND 501 N MAGNOLIA AVENUE STE 100 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 WEST AMELIA STREET ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDIGNITY INC424 E CENTRAL BLVD 199 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
RONALD MCDONALD HOUSE CHARITIES OF 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 WEST AMELIA STREET ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTRAL FLORIDA SPORTS COMMISSI 400 W CHURCH ST STE 205 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LAKE HIGHLAND PREPARATORY SCHOOL IN 901 HIGHLAND AVENUE ORLANDO, FL 32803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
LAKE HIGHLAND PREPARATORY SCHOOL IN 901 HIGHLAND AVENUE ORLANDO, FL 32803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE HIGHLAND PREPARATORY SCHOOL IN 901 HIGHLAND AVENUE ORLANDO, FL 32803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LIFE CONCEPTS INC 500 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DR UNIT A20 ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DR UNIT A20 ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CONCEPTS INC 500 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,550
GIRL SCOUTS OF CITRUS COUNCIL INC 341 N MILLS AVE ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ORLANDO SCIENCE CENTER INC 777 E PRINCETON STREET ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DR UNIT A20 ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DR UNIT A20 ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HEBNI NUTRITION CONSULTANTS INC 2009 W CENTRAL BLVD ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CAMARADERIE FOUNDATION INC 2488 E MICHIGAN STREET ORLANDO, FL 32806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIGHTHOUSE CENTRAL FLORIDA INC 2500 KUNZE AVENUE ORLANDO, FL 32806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF CENTRAL FLORI 1819 N SEMORAN BLVD ORLANDO, FL 32807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SENIORS FIRST INC 5395 LB MCLEOD ROAD ORLANDO, FL 32811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
LITTLE LEAGUE BASEBALL INC 7512 DR PHILLIPS BLVD SUITE 50-PMB 169 ORLANDO, FL 32819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 7512 DR PHILLIPS BLVD SUITE 50-PMB 169 ORLANDO, FL 32819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REAL LIFE CHRISTIAN CHURCH OF CLERM 2413 S GOLDENROD ROAD ORLANDO, FL 32822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY STE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	245
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PKWY STE ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PKWY STE ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 6900 TAVISTOCK LAKES BLVD SUITE 350 ORLANDO, FL 32827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
THE NEMOURS FOUNDATION 6900 TAVISTOCK LAKES BLVD SUITE 350 ORLANDO, FL 32827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LAKE NONA YOUTH SPORTS INC 9145 NARCOOSSEE RD SUITE 106 PMB191 ORLANDO, FL 32827	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EDGEWOOD CHILDRENS RANCH INC 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDGEWOOD CHILDRENS RANCH INC 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,100
JOBS PARTNERSHIP OF FLORIDA INC 5336 MILLENIA BLVD BLDG 5 - SUITE 5000 ORLANDO, FL 32839	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OPERA ORLANDO INCPO BOX 533974 ORLANDO, FL 32853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERA ORLANDO INCPO BOX 533974 ORLANDO, FL 32853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COASTAL CONSERVATION ASSOCIATION PO BOX 568886 ORLANDO, FL 32856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 680388 ORLANDO, FL 32868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 680388 ORLANDO, FL 32868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 680388 ORLANDO, FL 32868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 680388 ORLANDO, FL 32868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
HABITAT FOR HUMANITY INTERNATIONAL 4515 BABCOCK STREET PALM BAY, FL 32905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP BREVARD BEAUTIFUL INC 1620 ADAMSON RD COCOA, FL 32926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
COMMUNITY SERVICES COUNCIL OF BREVA 3600 WEST KING ST COCOA, FL 32926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY RESOURCES INC 165 N BABCOCK STREET MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
EVANS CENTER INC 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS CENTER INC 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
SATELLITE BEACH COMMUNITY SERVICES 1087 SOUTH PATRICK DRIVE SUITE 107 SATELITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF THE SPACE COA 1275 SOUTH PATRICK DR STE A2 SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BEACH YOUTH FOOTBALL & CHEERL PO BOX 372786 SATELLITE BEACH, FL 32937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL DEFENSE INDUSTRIAL ASSOCIA PO BOX 410832 MELBOURNE, FL 32941	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BREVARD RESCUE MISSION INC 4087 US HWY 1 STE 2 ROCKLEDGE, FL 32955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
HELPING ANIMALS LIVE AND OVERCOMEIN 710 JACKSON ST SEBASTIAN, FL 32958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 3375 20TH STREET SUITE 100 VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF INDIAN RIVER C 1729 17TH AVE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
BOYS & GIRLS CLUB OF INDIAN RIVER C 1729 17TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY INC 3375 20TH STREET SUITE 100 VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER LAND TR INC 80 ROYAL PALM POINTE SUITE 301 VERO BEACH, FL 32960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED AGAINST POVERTY INC 2746 US HIGHWAY 1 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
UNITED AGAINST POVERTY INC 2746 US HIGHWAY 1 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED AGAINST POVERTY INC 2746 US HIGHWAY 1 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
YOUTH GUIDANCE DONATION FUND OF IND 1028 20TH PLACE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ST EDWARD'S SCHOOL 1895 SAINT EDWARDS DRIVE VERO BEACH, FL 32963	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDWARD'S SCHOOL 1895 SAINT EDWARDS DRIVE VERO BEACH, FL 32963	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
GIFFORD YOUTH ACHIEVEMENT CENTER IN 4875 43RD AVENUE VERO BEACH, FL 32967	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 112 43RD AVE SW VERO BEACH, FL 32968	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP BY STEP FOUNDATION INC 2104 TYLER STREET HOLLYWOOD, FL 33020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
DIABETES RESEARCH INSTITUTE FOUNDAT 200 SOUTH PARK ROAD SUITE 100 HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
DIABETES RESEARCH INSTITUTE FOUNDAT 200 SOUTH PARK ROAD SUITE 100 HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TSIC INC 2050 CIVIC CENTER PLACE RM 213 MIRAMAR, FL 33025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	237
TSIC INC 2050 CIVIC CENTER PLACE RM 213 MIRAMAR, FL 33025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TSIC INC 2050 CIVIC CENTER PLACE RM 213 MIRAMAR, FL 33025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE REDBONE INCP O BOX 273 ISLAMORADA, FL 33036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF FLORIDA NATIONAL ALUM PO BOX 372863 KEY LARGO, FL 33037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OCEAN REEF CULTURAL CENTER INC OCEAN REEF CULTURAL CENTER KEY LARGO, FL 33037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA OMEGA SORORITY OF THE FLORIDA PO BOX 370803 KEY LARGO, FL 33037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF THE FLORIDA KEYS INC PO BOX 2143 KEY WEST, FL 33045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY OF KEY WEST AN PO BOX 5783 KEY WEST, FL 33045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 8055 OVERSEAS HWY MARATHON, FL 33050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPA-LOCKA COMMUNITY DEVELOPMENT COR 490 OPA-LOCKA BOULEVARD SUITE 20 OPALOCKA, FL 33054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIS HOUSE INC20000 NW 47 AVENUE MIAMI, FL 33055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	108
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUFF START INC 6850 W ATLANTIC BLVD MARGATE, FL 33063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TUFF START INC 6850 W ATLANTIC BLVD MARGATE, FL 33063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
TUFF START INC 6850 W ATLANTIC BLVD MARGATE, FL 33063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD GOLD COAST DOWN SYNDROME OR 9900 W SAMPLE RD SUITE 339 CORAL SPRINGS, FL 33065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA 1130 COCONUT CREEK BOULEVARD COCONUT CREEK, FL 33066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA 1130 COCONUT CREEK BOULEVARD COCONUT CREEK, FL 33066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,078
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,793
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,327
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,017
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	943
WOMEN IN DISTRESS OF BROWARD COUNTY PO BOX 50187 LIGHTHOUSE POINT, FL 33074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASS THE BLESSINGS FOUNDATION 5944 CORAL RIDGE DR STE 304 CORAL SPRINGS, FL 33076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PASS THE BLESSINGS FOUNDATION 5944 CORAL RIDGE DR STE 304 CORAL SPRINGS, FL 33076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TOUCHING MIAMI WITH LOVE MINISTRIES PO BOX 01-3279 MIAMI, FL 33101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMIPO BOX 025388 CORAL GABLES, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
UNIVERSITY OF MIAMIPO BOX 025388 CORAL GABLES, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MIAMIPO BOX 025388 MIAMI, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMIPO BOX 025388 CORAL GABLES, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,838
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MAGICWASTE FOUNDATION INC 8600 NW 17TH ST STTE 130 DORAL, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TEACH FOR AMERICA INC 3100 NW 5TH AVE MIAMI, FL 33127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TEACH FOR AMERICA INC 3100 NW 5TH AVE MIAMI, FL 33127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE MIAMI FOUNDATION INC 40 NW 3RD ST STE 305 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MIAMI FOUNDATION INC 40 NW 3RD ST STE 305 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BREAKTHROUGH MIAMI INC 3250 SW 3RD AVE 6TH FLOOR MIAMI, FL 33129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH MIAMI INC 3250 SW 3RD AVE 6TH FLOOR MIAMI, FL 33129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BREAKTHROUGH MIAMI INC 3250 SW 3RD AVE 6TH FLOOR MIAMI, FL 33129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CITY YEAR INC 44 WEST FLAGLER STREET SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SPECIAL OLYMPICS FLORIDA INC 155 S MIAMI AVE SUITE 200 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 1101 BRICKELL AVENUE SUITE 1000N MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HONEY SHINE INC 100 SOUTH BISCAYNE BLVD FLOOR 3 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE POSSE FOUNDATION INC 1101 BRICKELL AVENUE SUITE 1000N MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAWN CARTER SCHOLARSHIP FUND 1450 BRICKELL AVENUE 18TH FLOOR MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YEAR UP INC 25 NE 2ND STREET BUILDING 5 ROOM 5512 MIAMI, FL 33132	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
YEAR UP INC 25 NE 2ND STREET BUILDING 5 ROOM 5512 MIAMI, FL 33132	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
EDUCATE TOMORROW CORP 1717 N BAYSHORE DRIVE SUITE 203 MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
JORGE M PEREZ ART MUSEUM OF MIAMI D 1103 BISCAYNE BLVD MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI CHILDRENS MUSEUM INC 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
FOUNDATION FOR NEW EDUCATION INITIA 1450 NE SECOND AVENUE SUITE 931 MIAMI, FL 33132	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20,000
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THERESA SCHOOL 2701 INDIAN MOUND TRAIL MIAMI, FL 33134	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,600
ALPHA-1 FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
ALPHA-1 FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,070
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
SUNDARI FOUNDATION INC 217 NW 15TH ST MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NETWORK FOR TEACHING ENTREPRENEURSH 1951 NW 7TH AVE SUITE 300 MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NETWORK FOR TEACHING ENTREPRENEURSH 1951 NW 7TH AVE SUITE 300 MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MIAMI HOMES FOR ALL INC 1951 NW 7TH AVE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE FOUNTAINHEAD RESIDENCY INC 5600 N BAYSHORE DR MIAMI, FL 33137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MIAMI GAY AND LESBIAN FILM FESTIVAL 6360 NE 4TH CT MIAMI, FL 33138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
PEOPLE ACTING FOR COMMUNITY TOGETHE 9401 BISCAYNE BLVD 215 MIAMI, FL 33138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT SINAI MEDICAL CENTER OF FLORI 4300 ALTON RD MIAMI BEACH, FL 33139	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS ENDOWMENT FUND INC 3921 ALTON ROAD MIAMI BEACH, FL 33140	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50,000
JUNIOR ACHIEVEMENT OF GREATER MIAMI 301 71ST STREET 2ND FLOOR MIAMI BEACH, FL 33141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JUNIOR ACHIEVEMENT OF GREATER MIAMI 301 71ST STREET 2ND FLOOR MIAMI BEACH, FL 33141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER MIAMI 301 71ST STREET 2ND FLOOR MIAMI BEACH, FL 33141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PACE CENTER FOR GIRLS INC 1400 NW 36TH STREET SUITE 200 MIAMI, FL 33142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
HABITAT FOR HUMANITY OF GREATER MIA 3800 NW 22 AVENUE MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	92
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 6855 RED ROAD CORAL GABLES, FL 33143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ZETA TAU ALPHA FOUNDATION INC 5840 SW 57TH AVE UNIT 119 MIAMI, FL 33143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 6855 RED ROAD CORAL GABLES, FL 33143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CASA VALENTINA INC 2103 CORAL WAY 2ND FLOOR MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF UN TECHO PARA M 2050 SW 22ND STREET SUITE 504 MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MATER ACADEMY INC 2805 SW 32 ST EAST BUILDING MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMIGOS TOGETHER FOR KIDS INC 2153 CORAL WAY SUITE 405 MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BONEFISH & TARPON TRUST INC 135 SAN LORENZO AVE STE 860 CORAL GABLES, FL 33146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 1575 SAN IGNACIO STE 406 ATTN NATALIA FERRER MIAMI, FL 33146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 1575 SAN IGNACIO STE 406 ATTN NATALIA FERRER MIAMI, FL 33146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER MIAMI-DADE INC 1390 SOUTH DIXIE HIGHWAY SUITE 2123 CORAL GABLES, FL 33146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY ROOM 105A MIAMI, FL 33149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,500
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY ROOM 105A MIAMI, FL 33149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY ROOM 105A MIAMI, FL 33149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
GULLIVER SCHOOLS INC 9350 S DIXIE HIGHWAY 11TH FLOOR MIAMI, FL 33156	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
PINECREST PREMIER SOCCER INC 13012 SW 85TH AVE RD MIAMI, FL 33156	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS EPISCOPAL PARISH SCHOOL 5690 NORTH KENDALL DRIVE CORAL GABLES, FL 33156	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AMIKIDS INC2701 NE 151 ST NORTH MIAMI BEACH, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
I HAVE A DREAM FOUNDATION OF MIAMI 17749 COLLINS AVENUE TS40 SUNNY ISLES, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HAVE A DREAM FOUNDATION OF MIAMI 17749 COLLINS AVENUE TS40 SUNNY ISLES, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMIKIDS INC2701 NE 151 ST NORTH MIAMI BEACH, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
MIAMI COUNTRY DAY SCHOOL INC 601 NE 107 STREET MIAMI, FL 33161	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITIAN NEIGHBORHOOD CENTER SANT LA 13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY HABILITATION CENTER INC 11450 SW 79 STREET MIAMI, FL 33173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 9355 SW 134TH STREET MIAMI, FL 33176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP BY STEP FOUNDATION INC 20898 SAN SIMEON WAY MIAMI, FL 33179	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRANDON MERRITT CHARITABLE FOUNDATI 333 LAS OLAS WAY UNITE 3806 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOUCH SALA BAI 215 N VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE CORPS OF RETIRED EXECUTIVES 299 E BROWARD BLVD SUITE 123 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COMMUNITY FOUNDATION OF BROWARD INC 910 E LAS OLAS BLVD SUITE 200 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD PUBLIC LIBRARY FOUNDATION 100 S ANDREWS AVE 8TH FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BROWARD EDUCATION FOUNDATION INC 600 SE THIRD AVENUE FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF BROWARD INC 910 E LAS OLAS BLVD SUITE 200 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDON MERRITT CHARITABLE FOUNDATI 333 LAS OLAS WAY UNITE 3806 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	723
RECEPTIONS FOR RESEARCH - THE GREG 200 EAST LAS OLAS BLVD STE 1550 FORT LAUDERDALE, FL 33301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
RECEPTIONS FOR RESEARCH - THE GREG 200 EAST LAS OLAS BLVD STE 1550 FORT LAUDERDALE, FL 33301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECEPTIONS FOR RESEARCH - THE GREG 200 EAST LAS OLAS BLVD STE 1550 FORT LAUDERDALE, FL 33301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
DELTA EDUCATION AND LIFE DEVELOPMEN PO BOX 917 FT LAUDERDALE, FL 33302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HELPING ABUSED NEGLECTED DISADVANTA 501 NE 8TH STREET FORT LAUDERDALE, FL 33304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 600 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE PALM BEACH STATE COLLEGE FDN IN 85-8012528164C-2 WILTON MANORS, FL 33305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
TSIC INC 3000 NE 30TH PLACE SUITE 409 FORT LAUDERDALE, FL 33305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TSIC INC 3000 NE 30TH PLACE SUITE 409 FORT LAUDERDALE, FL 33306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,900
CARDINAL GIBBONS HIGH SCHOOL 2900 NE 47 STREET FT LAUDERDALE, FL 33308	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS ASSOCIATION - SOUTHEAST 3323 WEST COMMERCIAL BLVD SUITE 260 FORT LAUDERDALE, FL 33309	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ASSOCIATION - SOUTHEAST 3323 WEST COMMERCIAL BLVD SUITE 260 FORT LAUDERDALE, FL 33309	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	220
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
AMERICAN CANCER SOCIETY INC 3363 W COMMERICAL BLVD STE 100 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
TRACI LYNN CARES INC 4701 NW 33RD AVE OAKLAND PARK, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 7 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
JDRF INTERNATIONAL 3411 NW 9TH AVENUE SUITE 701 FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MARCH OF DIMES INC 1001 W CYPRESS CREEK ROAD 110 FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3125 W COMMERCIAL BLVD STE 100 FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
VOLUNTEER ACTION CENTER OF BROWARD 5815-A N ANDREWS WAY FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST ST FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,861
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST ST FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN CANCER SOCIETY INC 3363 W COMMERICAL BLVD STE 100 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3125 W COMMERCIAL BLVD STE 100 FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3323 WEST COMMERICAL BLVD SUITE 206 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 3363 W COMMERICAL BLVD STE 100 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3125 W COMMERCIAL BLVD STE 100 FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST ST FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ALZHEIMERS DISEASE AND RELATED DISO 3323 WEST COMMERICAL BLVD SUITE 206 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LAND INSTITUTE 100 WEST CYPRESS CREEK ROAD SUITE 650 FORT LAUDERDALE, FL 33309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
URBAN LAND INSTITUTE 100 WEST CYPRESS CREEK ROAD SUITE 650 FORT LAUDERDALE, FL 33309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE BROWARD COUNTY LIBRA 2650 SISTRUNK BLVD FORT LAUDERDALE, FL 33311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE BROWARD COUNTY LIBRA 2650 SISTRUNK BLVD FORT LAUDERDALE, FL 33311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,639
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
MUSEUM OF DISCOVERY AND SCIENCE INC 401 SW SECOND STREET FT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
ST THOMAS AQUINAS HIGH SCHOOL 2801 SOUTHWEST 12TH STREET FORT LAUDERDALE, FL 33312	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS AQUINAS HIGH SCHOOL 2801 SOUTHWEST 12TH STREET FORT LAUDERDALE, FL 33312	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ADOPT A HURRICANE FAMILY INC 4700 SW 64 AVENUE - SUITE C DAVIE, FL 33314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AJC CHILDRENS FOUNDATION INC 757 SOUTH EAST 17TH ST 969 FORT LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18 COURT FT LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18TH CT FORT LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18TH CT FORT LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP BROWARD FOUNDATION INC 1421 SE 4TH AVE - STE D FT LAUDERDALE, FL 33316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 SE 3D AVENUE FORT LAUDERDALE, FL 33316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
LEADERSHIP BROWARD FOUNDATION INC 1421 SE 4TH AVE - STE D FT LAUDERDALE, FL 33316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RESCUE SOUTH FLORIDA INC PO BOX 17084 PLANTATION, FL 33318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN RESCUE SOUTH FLORIDA INC PO BOX 17084 PLANTATION, FL 33318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANDRA LAZARUS FOUNDATION INC 11188 WHITEHAWK ST PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1333 SOUTH UNIVERSITY DRIVE STE 204 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,434
DEBBIES DREAM FOUNDATION INC 2 SOUTH UNIVERSITY SUITE 326 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 1333 SOUTH UNIVERSITY DRIVE STE 204 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA INITIATIVE FOR SUICIDE PREV 13798 NW 4TH STREET SUITE 309 SUNRISE, FL 33325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
URBAN LEAGUE OF PALM BEACH COUNTY I 1589 SPRINGSIDE DRIVE WESTON, FL 33326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN LEAGUE OF PALM BEACH COUNTY I 1589 SPRINGSIDE DRIVE WESTON, FL 33326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING ADULTS WITH AUTISM PERFORM 2531 GOLF VIEW DRIVE WESTON, FL 33327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
GLORIA DEL LUTHERAN CHURCH 7601 SW 39TH STREET DAVIE, FL 33328	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
DR STANLEY AND PEARL GOODMAN JFS OF 5890 SOUTH PINE ISLAND ROAD SUITE 201 DAVIE, FL 33328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIREWALL CENTERS INC 13044 SPRING LAKE DR COOPER CITY, FL 33330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLOCAUST LEARNING AND EDUCATION FU C/O CRAIG WEINER WESTON, FL 33332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND STREET FORT LAUDERDALE, FL 33334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND STREET FORT LAUDERDALE, FL 33334	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND STREET FORT LAUDERDALE, FL 33334	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,900
REBUILDING TOGETHER BROWARD COUNTY 4836 NE 12TH AVE OAKLAND PARK, FL 33334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR EATING DISORDERS AWARE 1649 FORUM PLACE 2 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 621 CLEARWATER PARK RD WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY FOUNDATION FOR PALM BEACH 700 SOUTH DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	538
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
NORTHWEST COMMUNITY CONSORTIUM INC 409 N ROSEMARY AVENUE WEST PALM BCH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 621 CLEARWATER PARK RD WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID SOCIETY OF PALM BEACH COU 423 FERN STREET SUITE 200 WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
SPEAK UP FOR KIDS OF PALM BEACH COU PO BOX 1896 WEST PALM BEACH, FL 33402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WEST PALM BEACH ROTARY CLUB CHARITY PO BOX 353 WEST PALM BEACH, FL 33402	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOUNDATION FOR A BETTER TOMORR 5420 N OCEAN DR APT 1101 RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVE RIVERA BEACH, FL 33404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE FOUNDATION FOR A BETTER TOMORR 5420 N OCEAN DR APT 1101 RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP PALM BEACH COUNTY INC 2751 SOUTH DIXIE HIGHWAY SUITE 1A WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
ZOOLOGICAL SOCIETY OF THE PALM BEAC 1301 SUMMIT BOULEVARD WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
PALM BEACH COUNTY SHERIFFS FOUNDATI 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF PALM BEAC 1660 SOUTHERN BLVD SUITE A WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITIES IN SCHOOLS OF PALM BEAC 1660 SOUTHERN BLVD SUITE A WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
AMERICAN LUNG ASSOCIATION 2701 AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AREA AGENCY ON AGING OF PALM BEACH- 4400 N CONGRESS AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
QUANTUM HOUSE INC 987 45TH STREET WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
URBAN LEAGUE OF PALM BEACH COUNTY I 1700 N AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BENJAMIN SCHOOL 11000 ELLISON WILSON RD N PALM BEACH, FL 33408	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE SALVATION ARMY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1641 WORTHINGTON ROAD SUITE 340 WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTH FLORIDA 2300 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE FOR KIDS INC 1896 PALM BEACH LAKES BLVD 103 WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PALM BEACH OPERA GUILD INC 1800 S AUSTRALIAN AVENUE SUITE 301 WEST PALM BCH, FL 33409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM BEACH OPERA INC 800 SOUTH AUSTRALIAN AVE STE 301 WEST PALM BEACH, FL 33409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
KIDS DREAMS INC 1760 N JOG ROAD SUITE 150 WEST PALM BCH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF THE PALM BEAC 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IBIS FRIENDS OF VETERANS CHARITABLE 10130 NORTHLAKE BLVD SUITE 214-303 WEST PALM BCH, FL 33412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CHABAD OF PALM BEACH GARDENS INC 6100 PGA BLVD PALM BCH GDNS, FL 33418	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,150
CHABAD OF PALM BEACH GARDENS INC 6100 PGA BLVD PALM BCH GDNS, FL 33418	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	826
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF PALM BEACH GARDENS INC 6100 PGA BLVD PALM BCH GDNS, FL 33418	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,375
PLACE OF HOPE INC9078 ISAIAH LN PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PLACE OF HOPE INC9078 ISAIAH LN PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRITE BRINGING RELIEF INTERNATIONAL PO BOX 224065 WEST PALM BEACH, FL 33422	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
URBAN YOUTH IMPACT INC POST OFFICE BOX 222592 WEST PALM BEACH, FL 33422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
URBAN YOUTH IMPACT INC POST OFFICE BOX 222592 WEST PALM BEACH, FL 33422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CIRCLE INCPO BOX 1318 BOYNTON BEACH, FL 33425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JEWISH ASSOCIATION FOR RESIDENTIAL 21160 95TH AVE SOUTH BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH ASSOCIATION FOR RESIDENTIAL 21160 95TH AVE SOUTH BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GLADES INITIATIVE INC 141 SE AVENUE C BELLE GLADE, FL 33430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE OKEECHOBEE REGIONAL ECONOMICAL PO BOX 2077 BELLE GLADE, FL 33430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DIOCESE OF PALM BEACH 4001 N MILITARY TRAIL BOCA RATON, FL 33431	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 247 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 247 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,600
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES ROAD BC 71 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 247 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 247 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN ASSOCIATION OF CAREGIVING 1515 N FEDERAL HWY 218 BOCA RATON, FL 33432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN ASSOCIATION OF CAREGIVING 1515 N FEDERAL HWY 218 BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 21301 POWERLINE RD STE 301 BOCA RATON, FL 33433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLYBLVD SUITE 10 BOCA RATON, FL 33434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,225
BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLYBLVD SUITE 10 BOCA RATON, FL 33434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL SEMINARY OF ST VINCENT DE 10701 S MILITARY TRAIL BOYNTON BEACH, FL 33436	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,400
MUSCULAR DYSTROPHY ASSOCIATION 550 FAIRWAY DRIVE SUITE 201 DEERFIELD BEACH, FL 33441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
COMMUNITY CHILD CARE CENTER OF DELR 555 NW 4TH STREET DELRAY BEACH, FL 33444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE CHICAGO 7743 SE LOBLOLLY BAY DR HOBE SOUND, FL 33455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY 4B2 JUPITER, FL 33458	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	476
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST JUPITER COMMUNITY GROUP INC WEST JUPITER COMMUNITY GROUP JUPITER, FL 33458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
JUPITER TEQUESTA ATHLETIC 406 N PENNOCK LN JUPITER, FL 33458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENZAITEN CENTER FOR CREATIVE ARTS 1105 2ND AVE S LAKE WORTH, FL 33460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SPECIAL OLYMPICS FLORIDA INC 2728 LAKE WORTH RD LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PALM BEACH COUNTY FOOD BANK INC 525 GATOR DRIVE LANTANA, FL 33462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
PALM BEACH COUNTY FOOD BANK INC 525 GATOR DRIVE LANTANA, FL 33462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS PALM BEACHES INC 118 EAST OCEAN AVE LANTANA, FL 33462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HEALTHY MOTHERS HEALTHY BABIES COAL 4601 LAKE WORTH ROAD GREENACRE, FL 33463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
211 PALM BEACH TREASURE COAST INC PO BOX 3588 LANTANA, FL 33465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEAST FLORIDA IN 6944 LAKE WORTH RD LAKE WORTH, FL 33467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND FL 33475 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CANCER ALLIANCE OF HELP AND HOPE PO BOX 3292 PALM BEACH, FL 33480	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA FOUNDATION OF DELRAY BEACH I PO BOX 6325 DELRAY BEACH, FL 33482	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PTA FLORIDA CONGRESS 6201 MORIKAMI PARK ROAD DELRAY BEACH, FL 33484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OUTREACH CLINIC 517 NORTH PARSONS AVENUE BRANDON, FL 33510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE OUTREACH CLINIC 517 NORTH PARSONS AVENUE BRANDON, FL 33510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE OUTREACH CLINIC 517 NORTH PARSONS AVENUE BRANDON, FL 33510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSYSTEM DEVELOPMENT CORPORATION 2600 BRUCE B DOWNS BLVD WESLEY CHAPEL, FL 33544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FISHHAWK YOUTH SPORTS ASSOCIATION I 16120 FISHHAWK BLVD LITHIA, FL 33547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAMMOND ELEMENTARY SCHOOL 8008 N MOBLEY RD ODESSA, FL 33556	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHER TERESA OF CALCUTTA CATHOLIC 17524 LAKESHORE ROAD LUTZ, FL 33558	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
RIVERVIEW HIGH SCHOOL 1311 BOYETTE ROAD RIVERVIEW, FL 33569	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ENTERPRISING LATINAS INC 5128 SR 674 WIMAUMA, FL 33598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 100 SO ASHLEY DRIVE STE 275 TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,066
CORNERSTONE KIDS INC 2708 CENTRAL AVENUE TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
TAMPA BAY PERFORMING ARTS CENTER 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,073
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMEWORKS OF TAMPA BAY INC 402 EAST OAK AVENUE TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FRAMEWORKS OF TAMPA BAY INC 402 EAST OAK AVENUE TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TAMPA THEATRE INC 711 NORTH FRANKLIN STREET TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 509 EAST JACKSON STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TAMPA BAY PERFORMING ARTS CENTER 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TAMPA THEATRE INC 711 NORTH FRANKLIN STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 100 SO ASHLEY DRIVE STE 275 TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 100 SO ASHLEY DRIVE STE 275 TAMPA, FL 33602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TAMPA METROPOLITAN AREA YOUNG MENS 110 E OAK AVENUE TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAY WAVE INC 500 E KENNEDY BLVD STE 300 TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
TAMPA METROPOLITAN AREA YOUNG MENS 110 E OAK AVENUE TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HILLSBORO HOUSE OF HOPE INC 213 W CURTIS ST TAMPA, FL 33603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
M A D THEATRE OF TAMPA INC 1414 ALICIA AVENUE TAMPA, FL 33604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BAY AREA LEGAL SERVICES INC 1302 N 19TH ST STE 400 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BAY AREA LEGAL SERVICES INC 1302 N 19TH ST STE 400 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA LEGAL SERVICES INC 1302 N 19TH ST STE 400 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BAY AREA LEGAL SERVICES INC 1302 N 19TH ST STE 400 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLITAS HOUSE INC 3101 E 7TH AVENUE TAMPA, FL 33605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
TEAM RED WHITE & BLUE INC 1110 W PLATT ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEAM RED WHITE & BLUE INC 1110 W PLATT ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RED WHITE & BLUE INC 1110 W PLATT ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEAM RED WHITE & BLUE INC 1110 W PLATT ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TEAM RED WHITE & BLUE INC 1110 W PLATT ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GORRIE ELEMENTARY SCHOOL 705 W DELEON ST TAMPA, FL 33606	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,642
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH EDUCATION FOUNDATION I 2306 NORTH HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HILLSBOROUGH EDUCATION FOUNDATION I 2306 NORTH HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,135
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 3310 W MAIN ST TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TAMPA ECUMENICAL MINISTRIES I 1340 N CLEARVIEW AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,430
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1000 CENTURY PARK DR TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE IRONMAN FOUNDATION INC 3407 W DR MARTIN LUTHER KING JR BLVD SUITE 100 TAMPA, FL 33607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	508
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMPUTER MENTORS GROUP INC 2802 E DR MARTIN LUTHER KING JR BLVD STE F TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HILLSBOROUGH6410 ORIENT ROAD TAMPA, FL 33610	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING AND EDUCATION ALLIANCE INC 9215 N FLORIDA AVENUE SUITE 104 TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
REBUILDING TOGETHER TAMPA BAY INC 911 E 122ND AVE TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,500
REBUILDING TOGETHER TAMPA BAY INC 911 E 122ND AVE TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DR MBC-FOUND FLR 2 TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
THE CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT USA 13707 N 22ND STREET TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JESUIT HIGH SCHOOL OF TAMPA INC 4701 NORTH HIMES AVE TAMPA, FL 33614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF GOD 8411 N DALE MABRY HWY TAMPA, FL 33614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	137
JESUIT HIGH SCHOOL OF TAMPA INC 4701 NORTH HIMES AVE TAMPA, FL 33614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BERKELEY PREPARATORY SCHOOL INC 4811 KELLY RD TAMPA, FL 33615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
IMPACT LIFE INTERNATIONAL INC 9509 PUTNEY HILL CT TAMPA, FL 33615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWS 2 LIVE BY INTERNATIONAL INC 15838 GLENARN DR TAMPA, FL 33618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVE TAMPA, FL 33620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVE TAMPA, FL 33620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVE TAMPA, FL 33620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	830
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE MHC 1110 TAMPA, FL 33620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MAXX & ME PET RESCUE INC 9620 GRETNA GREEN DR TAMPA, FL 33626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHASE ELEMENTARY SCHOOL 9517 W LINEBAUGH AVE TAMPA, FL 33626	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HILLSBOROUGH 13910 NINE EAGLES ROAD TAMPA, FL 33626	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
ACADEMY OF THE HOLY NAMES OF FLORID 3319 BAYSHORE BLVD TAMPA, FL 33629	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF THE HOLY NAMES OF FLORID 3319 BAYSHORE BLVD TAMPA, FL 33629	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 3709 W JETTON AVE TAMPA, FL 33629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 3709 W JETTON AVE TAMPA, FL 33629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3709 W JETTON AVE TAMPA, FL 33629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
AMERICAN CANCER SOCIETY INC 3709 W JETTON AVE TAMPA, FL 33629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
AMERICAN CANCER SOCIETY INC 3709 W JETTON AVE TAMPA, FL 33629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
H LEE MOFFITT CANCER CENTER AND RES 12653 TELECOM DRIVE TAMPA, FL 33637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORCE-FACING OUR RISK OF CANCER EMP 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FORCE-FACING OUR RISK OF CANCER EMP 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FORCE-FACING OUR RISK OF CANCER EMP 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
START RIGHT NOW INC 5328 PRIMROSE LAKE CIRCLE SUITE A TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
AMATEUR ATHLETIC UNION OF THE UNITE 20003 LOMOND LANE TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FORCE-FACING OUR RISK OF CANCER EMP 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF THE SUNCOAS 4625 E BAY DR SUITE 103 CLEARWATER, FL 33674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
TRINITY CAFE INCPO BOX 8067 TAMPA, FL 33674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF THE SUNCOAS 4625 E BAY DR SUITE 103 CLEARWATER, FL 33674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CMV FOUNDATION INC PO BOX 18322 TAMPA, FL 33679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE TAMPA ORATORIO SINGERS INC PO BOX 320211 TAMPA, FL 33679	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE TAMPA ORATORIO SINGERS INC PO BOX 320211 TAMPA, FL 33679	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAMPA ORATORIO SINGERS INC PO BOX 320211 TAMPA, FL 33679	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE TAMPA ORATORIO SINGERS INC PO BOX 320211 TAMPA, FL 33679	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
CORPORATION TO DEVELOP COMMUNITIES 1907 E HILLSBOROUGH AVENUE TAMPA, FL 33680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS SOCIETY INC PO BOX 261614 TAMPA, FL 33685	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FLORIDA ORCHESTRA INC 244 SECOND AVENUE NORTH ST PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EDIBLE PEACE PATCH PROJECT INC 233 3RD STREET NORTH STE 203 SAINT PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 600 1ST AVENUE NORTH SUITE 201 ST PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FLORIDA ORCHESTRA INC 244 SECOND AVENUE NORTH ST PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 9600 KOGER BLVD STE 103 ST PETERSBURG, FL 33702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,385
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 9600 KOGER BLVD STE 103 ST PETERSBURG, FL 33702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
BAY VISTA FUNDAMENTAL ELEMENTARY SC 5900 DR MARTIN L KING ST S ST PETERSBURG, FL 33705	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
BETH DILLINGER FOUNDATION INCORPORA 7842 COUNTRY CLUB RD N ST PETERSBURG, FL 33710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY PREP FOUNDATION INC 2301 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ST PETERSBURG HIGH SCHOOL 2501 5TH AVE N ST PETERSBURG, FL 33713	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
TAMPA BAYWATCH INC 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN STAGE CO INCPO BOX 1560 SAINT PETERSBURG, FL 33731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA TURTLE TRACKERSPO BOX 67422 ST PETE BEACH, FL 33736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEA TURTLE TRACKERSPO BOX 67422 ST PETE BEACH, FL 33736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PROJECT PROSPER INC 13575 58TH ST N SUITE 107 CLEARWATER, FL 33760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT PROSPER INC 13575 58TH ST N SUITE 107 CLEARWATER, FL 33760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT PROSPER INC 13575 58TH ST N SUITE 107 CLEARWATER, FL 33760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TAMPA BAY COMMUNITY DEVELOPMENT COR 2139 NE COACHMAN RD STE 1 CLEARWATER, FL 33765	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
TAMPA BAY COMMUNITY DEVELOPMENT COR 2139 NE COACHMAN RD STE 1 CLEARWATER, FL 33765	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 14955 CLEARWATER, FL 33766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VAN GOGHS PALETTE INC 4801 78TH AVENUE N PINELLAS PARK, FL 33781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
TALBOT HOUSE MINISTRIES OF LAKELAND 814 NORTH KENTUCKY AVENUE LAKELAND, FL 33801	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKER STREET MINISTRIES INC 719 N MASSACHUSETTS AVENUE LAKELAND, FL 33801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
POLK MUSEUM OF ART INC POLK MUSEUM OF ART LAKELAND, FL 33801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FLORIDA POLYTECHNIC UNIVERSITY FOUN 3433 WINTER LAKE RD LTB BUILDING 2ND FLOOR LAKELAND, FL 33803	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 3020 S FLORIDA AVE STE 321A LAKELAND, FL 33803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FORCED EXOTIC ANIMAL RELOCATION AND 9732 MOORE ROAD LAKELAND, FL 33809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE EQUINE RESCUE 3805 HIGH STREET WINTER HAVEN, FL 33811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE EQUINE RESCUE 3805 HIGH STREET WINTER HAVEN, FL 33811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
HOPE EQUINE RESCUE 3805 HIGH STREET WINTER HAVEN, FL 33811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	845
S P C A INC5850 BRANNEN ROAD S LAKELAND, FL 33813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEYSTONE CHALLENGE FUND INC 4200 S FLORIDA AVE LAKELAND, FL 33813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
THROUGH HIS EYES MISSION INC 338 BOEING STREET NW LAKE PLACID, FL 33852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
THROUGH HIS EYES MISSION INC 338 BOEING STREET NW LAKE PLACID, FL 33852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITRUS CENTER BOYS & GIRLS CLUB INC PO BOX 2666 WINTER HAVEN, FL 33883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEE COUNTY HOUSING DEVELOPMENT CORP 3677 CENTRAL AVE F FORT MYERS, FL 33901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FLORIDA REPERTORY COMPANY INC 2267 1ST STREET SUITE 7 FORT MYERS FL 33901 FORT MYERS, FL 33901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR LEE COUNTY PUBLI PO BOX 1608 FORT MYERS, FL 33902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE ST FORT MYERS, FL 33905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 7051 CYPRESS TERRACE SUITE 110 FT MYERS, FL 33907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST FLO 13241 UNIVERSITY DRIVE FORT MYERS, FL 33907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF SOUTHWEST FLO 13241 UNIVERSITY DRIVE FORT MYERS, FL 33907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY COOPERATIVE INC 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 9200 ESTERO PARK COMMONS BLVD 7 ESTERO, FL 33928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
AMERICAN HEART ASSOCIATION INC 9200 ESTERO PARK COMMONS BLVD 7 ESTERO, FL 33928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1750 MANZANA AVENUE PUNTA GORDA, FL 33950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE SYMPHONY ORCHESTRA INC 6210 SCOTT STREET SUITE 213 PUNTA GORDA, FL 33950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ITS OUR TURN INC 26284 HONG KONG ROAD PUNTA GORDA, FL 33980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS OUR TURN INC 26284 HONG KONG ROAD PUNTA GORDA, FL 33980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEACE RIVER BOTANICAL & SCULPTURE G 5800 RIVERSIDE DRIVE PUNTA GORDA, FL 33982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN CANCER SOCIETY INC 5020 TAMIAMI TRL N STE 108 NAPLES, FL 34102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDUCATION FOUNDATION OF COLLIER 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE IMMOKALEE FOUNDATION INC 2375 TAMIAMI TRAIL N SUITE 308 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
THE EDUCATION FOUNDATION OF COLLIER 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESIDENTIAL OPTIONS OF FLORIDA INC 3050 HORSESHOE DRIVE NORTH SUITE 285 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE LEAGUE CLUB INCPO BOX 110868 NAPLES, FL 34108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUPPORTERS OF DEL NOR WIGGINS PARK 11135 GULF SHORE DRIVE NORTH NAPLES, FL 34108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLISANO CHILDRENS MUSEUM OF NAPLES 15080 LIVINGSTON RD NAPLES, FL 34109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GOLISANO CHILDRENS MUSEUM OF NAPLES 15080 LIVINGSTON RD NAPLES, FL 34109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH HAVEN INC 5867 WHITAKER ROAD NAPLES, FL 34112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY OF COLLIER COU 11145 TAMIAMI TRAIL EAST NAPLES, FL 34113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY OF COLLIER COU 11145 TAMIAMI TRAIL EAST NAPLES, FL 34113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID LAWRENCE MENTAL HEALTH CENTER 6075 BATHEY LANE NAPLES, FL 34116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 2610 NORTHBROOK PLAZA DRIVE NAPLES, FL 34119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE A WISH FOUNDATION OF SOUTHERN 3635 BONITA BEACH ROAD SUITE 3 BONITA SPRINGS, FL 34134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE SUITE 102 BONITA SPRINGS, FL 34134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MAKE A WISH FOUNDATION OF SOUTHERN 3655 BONITA BEACH RD SUITE 3 BONITA SPRINGS, FL 34135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANASOTA BUDS INC 8374 MARKET ST BOX 113 BRADENTON, FL 34202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROBERT WILLIS ELEMENTARY SCHOOL 14705 THE MASTERS AVE LAKEWOOD RANCH, FL 34202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	138
ROBERT WILLIS ELEMENTARY SCHOOL 14705 THE MASTERS AVE LAKEWOOD RANCH, FL 34202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAKE STOCK IN CHILDREN OF MANATEE C 2501 63RD AVE E BRADENTON, FL 34203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY 1204 14TH STREET WEST BRADENTON, FL 34205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
BRADENTON CHRISTIAN SCHOOL SOCIETY 3304 43RD STREET WEST BRADENTON, FL 34205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH FLORIDA MUSEUM & BISHOP PLANE 201 10TH ST W BRADENTON, FL 34205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF MANATEE COUNT P O BOX 280 BRADENTON, FL 34206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF MANATEE COUNT P O BOX 280 BRADENTON, FL 34206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE COLLEGE OF FLORIDA FOUNDATION 5840 26TH STREET WEST BRADENTON, FL 34207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MANATEE COUNTY GIRLS CLUB INC 3809 59TH STREET WEST BRADENTON, FL 34209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PACK 226510 3RD AVE W BRADENTON, FL 34209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACK 226510 3RD AVE W BRADENTON, FL 34209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 4105 CORTEZ ROAD W BRADENTON, FL 34210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
NEW PARADIGM FOUNDATION INC 2800 PLACIDA ROAD UNIT 111 ENGLEWOOD, FL 34224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PERLMAN MUSIC PROGRAM SUNCOAST PO BOX 3407 SARASOTA, FL 34230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE PERLMAN MUSIC PROGRAM SUNCOAST PO BOX 3407 SARASOTA, FL 34230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDUCATION FOUNDATION OF SARASOTA CO 1960 LANDINGS BOULEVARD - SUITE 120 SARASOTA, FL 34231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS RESEARCH AND EDUCATION F 5969 CATTLERIDGE BLVD STE 100 SARASOTA, FL 34232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2001 CANTU COURT SARASOTA, FL 34232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
JUNIOR ACHIEVEMENT OF TAMPA BAY 5077 FRUITVILLE ROAD 109-303 SARASOTA, FL 34232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARASOTA POLICE FOUNDATION INC 5355 MCINTOSH RD UNIT F C/O-MICHAEL EVANOFF SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF GULFCOAST FLORIDA IN 4780 CATTLEMEN RD SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SARASOTA POLICE FOUNDATION INC 5355 MCINTOSH RD UNIT F C/O-MICHAEL EVANOFF SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARASOTA POLICE FOUNDATION INC 5355 MCINTOSH RD UNIT F C/O-MICHAEL EVANOFF SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIDOSNOW INC 1750 17TH STREET SUITE D SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EPILEPSY SERVICE OF SW FL 1750 17TH STREET BUILDING I-2 SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
HABITAT FOR HUMANITY SARASOTA INC 1757 N EAST AVENUE SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
COEXISTENCE INCPO BOX 2559 SARASOTA, FL 34236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GULF COAST COMMUNITY FOUNDATION INC 1800 2ND ST SUITE 102 SARASOTA, FL 34236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COEXISTENCE INC PO BOX 2559 SARASOTA, FL 34236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COEXISTENCE INC PO BOX 2559 SARASOTA, FL 34236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
FRIENDS OF ARTS & HUMANITIES INC 1226 NORTH TAMIAMI TRAIL SUITE 101 SARASOTA, FL 34236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ARTS & HUMANITIES INC 1226 NORTH TAMIAMI TRAIL SUITE 101 SARASOTA, FL 34236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF ARTS & HUMANITIES INC 1226 NORTH TAMIAMI TRAIL SUITE 101 SARASOTA, FL 34236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 34237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SARASOTA COUNTY I 2331 15TH STREET SARASOTA, FL 34237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF SARASOTA COUN 3100 FRUITVILLE ROAD SARASOTA, FL 34237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TIDEWELL HOSPICE INC 5955 RAND BOULEVARD SARASOTA, FL 34238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 34238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CIRCUS ARTS CONSERVATORY INC 2075 BAHIA VISTA STREET SARASOTA, FL 34239	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
LITTLE LEAGUE BASEBALL INC 1809 S OSPREY AVE SARASOTA, FL 34239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARASOTA YOUNG VOICES INCORPORATED 3224 BEE RIDGE RD SARASOTA, FL 34239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHELTER BOX USA 7359 MERCHANT COURT SARASOTA, FL 34240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHELTER BOX USA 7359 MERCHANT COURT SARASOTA, FL 34240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OUT-OF-DOOR ACADEMY 444 REID STREET SARASOTA, FL 34242	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
COMMUNITY SOLUTIONS 360 INC 8466 LOCKWOOD RIDGE ROAD 157 SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
STEP UP SUNCOAST INC 6428 PARKLAND DRIVE SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS SOUTHWEST FLORIDA INC 350 BRADEN AVE SARASOTA, FL 34243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
JOHN & MABLE RINGLING MUSEUM OF ART 5401 BAY SHORE ROAD SARASOTA, FL 34243	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 1101 W OAK STREET ARCADIA, FL 34266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABY BASICS OF SARASOTA INC P O BOX 15485 SARASOTA, FL 34277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BABY BASICS OF SARASOTA INC P O BOX 15485 SARASOTA, FL 34277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1041 CRYSTAL RIVER, FL 34423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF CITRUS COUNTY INC 1582 N MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CITRUS COUNTY INC 1582 N MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUT OF THE BOX ANIMAL RESCUE 1108 E INVERNESS BLVD 107 INVERNESS, FL 34452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CITRUS COUNTY HARVEST INC PO BOX 82 LECANTO, FL 34461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITRUS COUNTY HARVEST INC PO BOX 82 LECANTO, FL 34461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MARION COUNTY CHILDRENS ADVOCACY CE 2800 NE 14TH ST OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 1202 SW 17TH STREET 201-167 OCALA, FL 34471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FLORIDA YOUNG MENS CHRISTIA 3200 SE 17TH ST OCALA, FL 34471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF MARION COUNT 800 SW 12TH AVE OCALA, FL 34474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COLLEGE OF CENTRAL FLORIDA FOUNDATI 3001 SW COLLEGE ROAD OCALA, FL 34474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF CENTRAL FLORIDA FOUNDATI 3001 SW COLLEGE ROAD OCALA, FL 34474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE CLINIC INC108 N PINE AVE OCALA, FL 34475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FRONT RANGE EQUINE RESCUE PO BOX 458 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE CARE FOOD PANTRY INC PO BOX 331 HOMOSASSA, FL 34487	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 1300 MARINER BLVD SPRINGHILL, FL 34609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SANDERS MEMORIAL ELEMENTARY SCHOOL 5126 SCHOOL RD LAND O LAKES, FL 34638	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASCO PRIDE INCORPORATED 4305 SUMMERSUN DRIVE NEW PORT RICHEY, FL 34652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COPPERHEAD CHARITIES INC 36750 US HIGHWAY 19 N PALM HARBOR, FL 34684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PASCO COUNTY FOSTER ADOPTIVE PARENT PO BOX 4002 HOLIDAY, FL 34692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOPE CENTER INC 2198 FOUR WINDS BLVD KISSIMMEE, FL 34746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	953
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	285
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIZ S LEGACY INCPO BOX 155 WINDERMERE, FL 34786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
DAVES HOUSE INCPO BOX 1466 ORLANDO, FL 34786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HIBISCUS CHILDRENS CENTER INC 2920 S 25TH STREET FORT PIERCE, FL 34981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIBISCUS CHILDRENS CENTER INC 2920 S 25TH STREET FORT PIERCE, FL 34981	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF ST LUCIE COUNTY INC 4800 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WHITE CITY UNITED METHODIST CHURCH 810 MIDWAY ROAD FORT PIERCE, FL 34982	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILITARY OFFICERS ASSOCIATION OF AM 11398 SW FIELDSTONE WAY PORT SAINT LUCIE, FL 34987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE TREASURE COAS 4100 SW LEIGHTON FARM AVE PALM CITY, FL 34990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 2090 N FEDERAL HIGHWAY STUART, FL 34994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SAFESPACE INC612 SE DIXIE HWY STUART, FL 34994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE LYRIC INC 59 SW FLAGLER AVE STUART, FL 34994	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUS HOUSE OF HOPE INC 2484 SE BONITA STREET STUART, FL 34997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HARBOR INC 1 OUR CHILDRENS HIGHWAY ALEXANDER CITY, AL 35010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
PELL CITY ROTARY CLUB FOUNDATION PO BOX 953 PELL CITY, AL 35125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 2100 1ST AVE N SUITE 500 BIRMINGHAM, AL 35203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YOUNG WOMENS CHRISTIAN ASSN OF BIRM 309 23RD STREET N BIRMINGHAM, AL 35203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,045
YOUNG WOMENS CHRISTIAN ASSN OF BIRM 309 23RD STREET N BIRMINGHAM, AL 35203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 2100 1ST AVE N SUITE 500 BIRMINGHAM, AL 35203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
BIRMINGHAM MUSEUM OF ART FOUNDATION 2000 ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 35203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
MAGIC MOMENTS INC 2112 11TH AVENUE SOUTH SUITE 219 BIRMINGHAM, AL 35205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRING VALLEY SCHOOL FOUNDATION 2701 SYDNEY DRIVE BIRMINGHAM, AL 35211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN HEART ASSOCIATION INC 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MOUNTAIN BROOK CITY SCHOOLS FOUNDAT 32 VINE STREET MOUNTAIN BROOK, AL 35213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEROKEE BEND ELEM SCH 4151 APPOMATOX LANE MOUNTAIN BROOK, AL 35213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
MAKE- A- WISH FOUNDATION OF AMERICA 400 VESTAVIA PARKWAY SUITE 402 VESTAVIA HILLS, AL 35216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 400 VESTAVIA PARKWAY SUITE 402 VESTAVIA HILLS, AL 35216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST VOLUNTEERS IN MISS 100 CENTERVIEW DR SUITE 210 BIRMINGHAM, AL 35216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VESTAVIA HILLS UNITED METHODIST CHU 2061 KENTUCKY AVE VESTAVIA HILLS, AL 35216	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN NATIONAL RED CROSS 700 CALDWELL TRACE BIRMINGHAM, AL 35242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAVALIER RESCUE OF ALABAMA INC 6234 EAGLE POINT CIRCLE BIRMINGHAM, AL 35242	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CAVALIER RESCUE OF ALABAMA INC 6234 EAGLE POINT CIRCLE BIRMINGHAM, AL 35242	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ARTHRITIS FOUNDATION INC 3800 COLONNADE PARKWAY SUITE 140 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMA LIVINGSTON OVARIAN CANCER FOU PO BOX 43826 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BREAST CANCER RESEARCH FOUNDATION O POST OFFICE BOX 531225 BIRMINGHAM, AL 35253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BREAST CANCER RESEARCH FOUNDATION O POST OFFICE BOX 531225 BIRMINGHAM, AL 35253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST LAKE ACADEMY INC PO BOX 590049 BIRMINGHAM, AL 35259	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
HEAL INCPO BOX 660827 BIRMINGHAM, AL 35266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
WALKER ELEM SCH 13051NORTHSIDE ROAD NORTHPORT, AL 35475	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERHILL SCHOOL2710 DARBY DRIVE FLORENCE, AL 35630	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BOB JONES HIGH SCH650 HUGHES RD MADISON, AL 35758	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
STILL SERVING VETS 626 CLINTON AVE W STE 200 HUNTSVILLE, AL 35801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSVILLE SYMPHONY ORCHESTRA GUILD 620 CLEERMONT DRIVE HUNTSVILLE, AL 35801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
BOYS AND GIRLS CLUB OF NORTH ALABAM PO BOX 73 HUNTSVILLE, AL 35804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
POPE JOHN PAUL II CATHOLIC HIGH SCH 7301 OLD MADISON PIKE HUNTSVILLE, AL 35806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHAKIRAN INCPO BOX 1021 HUNTSVILLE, AL 35807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
ALABAMA AGRICULTURAL AND MECHANICAL 4900 MERIDIAN STREET NORTH HUNTSVILLE, AL 35810	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
HOPE AFIELDPO BOX 773 GREENVILLE, AL 36037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY BAPTIST SCHOOL PO BOX 1090 MILLBROOK, AL 36054	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,544
MONTGOMERY AREA NONTRADITIONAL EQUE 3699 WALLAHATACHIE ROAD PIKE ROAD, AL 36064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MARCH OF DIMES INC 2751 LEGENDS PARKWAY SUITE 315 PRATTVILLE, AL 36066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTAUGA COUNTY HERITAGE ASSOCIATION 102 E MAIN ST PRATTVILLE, AL 36067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PRATTVILLE-AUTAUGA CHARACTER COALIT 131 NORTH COURT ST PRATTVILLE, AL 36067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TROY UNIVERSITY FOUNDATION 304B ADAMS ADMINISTRATION BLDG TROY, AL 36082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTTERFLY BRIDGE CHILDRENS ADVOCACY 633 COOSA RIVER PARKWAY WETUMPKA, AL 36092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION PO BOX 2336 MONTGOMERY, AL 36102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION PO BOX 2336 MONTGOMERY, AL 36102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 5015 WOODS CROSSING MONTGOMERY, AL 36106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN NATIONAL RED CROSS 5015 WOODS CROSSING MONTGOMERY, AL 36106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP MISSION INC 312 CHISHOLM STREET MONTGOMERY, AL 36110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDSHIP MISSION INC 312 CHISHOLM STREET MONTGOMERY, AL 36110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MONTGOMERY CHRISTIAN SCHOOL 3265 MCGEHEE ROAD MONTGOMERY, AL 36111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOY TO LIFE FOUNDATION 2350 FAIRLANE DRIVE SUITE 130 MONTGOMERY, AL 36116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
COMMUNITY ENABLER DEVELOPERS INC 104 F ST ANNISTON, AL 36201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHRIS HAMMOND YOUTH FOUNDATION 908 OLD HIGHWAY 431 WEDOWEE, AL 36278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SOUTH ALABAMA INC 8051 WHISPERING PINES ROAD DAPHNE, AL 36526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MICHAEL J FOX FOUNDATION FOR PARKIN 115 GENERAL CANBY DRIVE SPANSIH FORT, AL 36527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAYSIDE MEDICAL MISSIONS AND EDUCAT PO DRAWER 949 FAIRHOPE, AL 36533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE HOUSE INCPO BOX 884 SUMMERDALE, AL 36580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
1857 FOUNDATION INCPO BOX 628 MOBILE, AL 36601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DISTINGUISHED YOUNG WOMEN FOUNDATIO 751 GOVERNMENT STREET MOBILE, AL 36602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMS-WRIGHT CORPORATION 65 MOBILE STREET MOBILE, AL 36607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
UMS-WRIGHT CORPORATION 65 MOBILE STREET MOBILE, AL 36607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UMS-WRIGHT CORPORATION 65 MOBILE STREET MOBILE, AL 36607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCP OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 36607	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
UCP OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 36607	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
DOG RIVER CLEARWATER REVIVAL PO BOX 161523 MOBILE, AL 36616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF SOUTH ALABAMA 300 ALUMNI CIRCLE MOBILE, AL 36688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH ALABAMA 300 ALUMNI CIRCLE MOBILE, AL 36688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CROHNS & COLITIS FOUNDATION INC 116 WILSON PIKE CIRCLE 205 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JUST HOPE INTERNATIONAL 5203 MARYLAND WAY SUITE 108 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 116 WILSON PIKE CIRCLE 205 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA CAFE MINISTRIES 1960-J MADISON ST 312 CLARKSVILLE, TN 37043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OUTREACH FOUNDATION OF THE PRESBYTE 381 RIVERSIDE DRIVE SUITE 110 FRANKLIN, TN 37064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 511 WEST MEADE BLVD FRANKLIN, TN 37064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
WINSTEAD ELEMENTARY PTO INC 4080 COLUMBIA PIKE FRANKLIN, TN 37064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAOHANNAHS HOPE INCPO BOX 647 FRANKLIN, TN 37065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
STATION CAMP HIGH SCHOOL 1040 BISON TRL GALLATIN, TN 37066	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
SCOTT HAMILTON CARES FOUNDATION INC PO BOX 680483 NASHVILLE, TN 37068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE RESTOREDPO BOX 680278 FRANKLIN, TN 37068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	114
HOPE RESTOREDPO BOX 680278 FRANKLIN, TN 37068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SCOTT HAMILTON CARES FOUNDATION INC PO BOX 680483 NASHVILLE, TN 37068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT NASHVILLE INC 530 DERBY DOWNS LEBANON, TN 37087	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WILSON CENTRAL HIGH SCHOOL 419 WILDCAT WAY LEBANON, TN 37090	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MITCHELL-NEILSON ELEMENTARY 1303 JONES BLVD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MITCHELL-NEILSON ELEMENTARY 1303 JONES BLVD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SIEGEL HIGH SCHOOL3300 SIEGEL RD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SIEGEL HIGH SCHOOL3300 SIEGEL RD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 850 MERCURY BLVD MURFREESBORO, TN 37130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MIDDLE TENNESSEE STATE UNIVERSITY F BOX 109 MURFREESBORO, TN 37132	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,050
REBOOT ALLIANCEPO BOX 381 PLEASANT VIEW, TN 37146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM IN THE INN INCPO BOX 25309 NASHVILLE, TN 37202	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	25,000
AMISTAD MISSIONPO BOX 23030 NASHVILLE, TN 37202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
VANDERBILT UNIVERSITY DEVELOPMENT ALUMNI RELATIONS 131 21ST AVENUE SOUTH NASHVILLE, TN 37203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY DEVELOPMENT ALUMNI RELATIONS 131 21ST AVENUE SOUTH NASHVILLE, TN 37203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN CANCER SOCIETY INC 2000 CHARLOTTE AVE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,591
AMERICAN CANCER SOCIETY INC 2000 CHARLOTTE AVE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	289
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN NATIONAL RED CROSS 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN CANCER SOCIETY INC 2000 CHARLOTTE AVE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOK EM161 RAINS AVE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,840
HARMONY FOUNDATION INTERNATIONAL IN 110 SEVENTH AVENUE N NASHVILLE, TN 37203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY FOUNDATION INTERNATIONAL IN 110 SEVENTH AVENUE N NASHVILLE, TN 37203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	635
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT USA 120 POWELL PLACE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAND TRUST FOR TENNESSEE INC PO BOX 41027 NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
LAND TRUST FOR TENNESSEE INC PO BOX 41027 NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
JT MOORE PTO 4425 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDING ACADEMY170 WINDSOR DR NASHVILLE, TN 37205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
NASHVILLE DIAPER CONNECTION 406 HILLWOOD BLVD NASHVILLE, TN 37205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ABES GARDEN115 WOODMONT BLVD NASHVILLE, TN 37205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY BELL ACADEMY 4001 HARDING PIKE NASHVILLE, TN 37205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
URBAN HOUSING SOLUTIONS INC 822 WOODLAND STREET NASHVILLE, TN 37206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
URBAN HOUSING SOLUTIONS INC 822 WOODLAND STREET NASHVILLE, TN 37206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMPOWERMENT THROUGH ARTS AND 3020 CAPPS DRIVE NASHVILLE, TN 37207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FISK UNIVERSITY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
THE CROSSROADS CAMPUS 707 MONROE ST NASHVILLE, TN 37208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NASHVILLE STATE COMMUNITY COLLEGE F 120 WHITE BRIDGE ROAD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	524
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST HANDS COMMUNITY DEVELOPMENT 155 B OLD HERMITAGE AVE NASHVILLE, TN 37210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NASHVILLE ENTREPRENEUR CENTER 41 PEABODY STREET NASHVILLE, TN 37210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTER FOR NONPROFIT MANAGEMENT INC 37 PEABODY STREET SUITE 201 NASHVILLE, TN 37210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL ENTERPRISE ALLIANCE INC 41 PEABODY ST NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE ACADEMY THEATRE AND NASHV 25 MIDDLETON STREET NASHVILLE, TN 37210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE ACADEMY THEATRE AND NASHV 25 MIDDLETON STREET NASHVILLE, TN 37210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY OF GREATER NAS 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	94
CONEXIAN AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN TABLE OF NASHVILLE INC 2901 GLENCLIFF RD NASHVILLE, TN 37211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY OF GREATER NAS 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
SAINT BERNARD ACADEMY 2304 BERNARD AVENUE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT UNIVERSITY 1900 BELMONT BOULEVARD FIDELITY HALL 109 NASHVILLE, TN 37212	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVENUE NASHVILLE, TN 37212	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF GREEN HILLS SOFTBALL INC 1403 CEDAR LANE NASHVILLE, TN 37212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREEN HILLS SOFTBALL INC 1403 CEDAR LANE NASHVILLE, TN 37212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MISSION LAZARUSPO BOX 150524 NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK THE STREET WALL STREET 3523 TRIMBLE ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SUSAN G KOMEN BREAST CANCER FOUNDAT 4009 HILLSBORO PIKE SUITE 209 NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVER TENNESSEE INC PO BOX 158503 NASHVILLE, TN 37215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DISCOVER TENNESSEE INC PO BOX 158503 NASHVILLE, TN 37215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
END SLAVERY TENNESSEE PO BOX 160069 NASHVILLE, TN 37216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP NASHVILLE FOUNDATION PO BOX 190498 NASHVILLE, TN 37219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE NATIONAL MUSEUM OF AFRICAN AMER 618 CHURCH ST SUITE 130 NASHVILLE, TN 37219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FRANKLIN ROAD ACADEMY INC 4700 FRANKLIN ROAD NASHVILLE, TN 37220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4 13 STRONG INCPO BOX 101425 NASHVILLE, TN 37224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN DIABETES ASSOCIATION INC 220 GREAT CIRCLE RD STE 134 NASHVILLE, TN 37228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CAMP KESEM NATIONAL PMB 350008 2301 VANDERBILT PLACE NASHVILLE, TN 37235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
CAMP KESEM NATIONAL PMB 350008 2301 VANDERBILT PLACE NASHVILLE, TN 37235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL PMB 350008 2301 VANDERBILT PLACE NASHVILLE, TN 37235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SONG 5251-C HIGHWAY 153 154 HIXSON, TN 37343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST ANDREW'S-SEWANEE SCHOOL 290 QUINTARD RD SEWANEE, TN 37375	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST ANDREW'S-SEWANEE SCHOOL 290 QUINTARD RD SEWANEE, TN 37375	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN EDUCATION FOUNDATION 2650 SAM POWELL TRAIL OFFICE 2154 SIGNAL MOUNTAIN, TN 37377	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHATTANOOGA CHURCH MINISTRIES INC PO BOX 11203 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	4,000
CHATTANOOGA CHURCH MINISTRIES INC PO BOX 11203 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,200
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CREATIVE DISCOVERY MUSEUM 321 CHESTNUT STREET CHATTANOOGA, TN 37402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 WEST 6TH STREET CHATTANOOGA, TN 37402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 WEST 6TH STREET CHATTANOOGA, TN 37402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE UNIVERSITY OF TENNESSEE FOUNDAT OFFICE OF DEVELOPMENT - DEPT 6806 605 OAK ST CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERLANGER HEALTH SYSTEM FOUNDATIONS 975 E THIRD ST CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE URBAN LEAGUE OF GREATER CHATTAN 730 EAST ML KING BLVD CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
RONALD MCDONALD HOUSE CHARITIES OF 200 CENTRAL AVENUE CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 519 EAST 4TH STREET CHATTANOOGA, TN 37403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
MCCALLIE SCHOOL INC500 DODDS AVE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	820
CHATTANOOGA ROOM IN THE INN INC 230 N HIGHLAND PARK AVENUE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDNEY FOUNDATION OF THE GREATER CH 2300 EAST 3RD STREET SUITE B CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHATTANOOGA AUTISM CENTER 1400 MCCALLIE AVENUE CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
PARTNERSHIP FOR FAMILIES CHILDREN A 1800 MCCALLIE AVE CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDNEY FOUNDATION OF THE GREATER CH 2300 EAST 3RD STREET SUITE B CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KIDNEY FOUNDATION OF THE GREATER CH 2300 EAST 3RD STREET SUITE B CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NOTRE DAME HIGH SCHOOL 2701 VERMONT AVE CHATTANOOGA, TN 37404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS PREPARATORY SCHOOL INC PO BOX 4736 CHATTANOOGA, TN 37405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	950
WELCOME HOME OF CHATTANOOGA PO BOX 4247 CHATTANOOGA, TN 37405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOPE FOR THE INNER CITY INC 1800 ROANOKE AVE CHATTANOOGA, TN 37406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF CHATTANOOGA 4505 BRAINERD RD STE 110 CHATTANOOGA, TN 37411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHATTANEUTER5950 BRAINERD ROAD CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 7625 HAMILTON PARK DR CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,445
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 7625 HAMILTON PARK DR CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHATTANEUTER5950 BRAINERD ROAD CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOVES ARM OUTREACH MINISTRIES 162 ROLLING RIDGE CT CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL BAPTIST CHURCH 300 NORTH ROAN STREET JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR KIDS INCPO BOX 3156 JOHNSON CITY, TN 37602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,394
GIRLS INCORPORATED OF JOHNSON CITY PO BOX 1435 JOHNSON CITY, TN 37605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE PARAMOUNT FOUNDATION 518 STATE STREET BRISTOL, TN 37620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELIEVE IN BRISTOL VA INC PO BOX 1931 BRISTOL, TN 37621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 660 EASTERN STAR RD KINGSPORT, TN 37663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF TENNESSEES BABIES WITH S PO BOX 544 ALCOA, TN 37701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	938
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF TENNESSEES BABIES WITH S PO BOX 544 ALCOA, TN 37701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
BOSTON TERRIER RESCUE OF EAST TENNE 4501 MONTVALE RD MARYVILLE, TN 37803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARYVILLE COLLEGE 502 E LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EAST TENNESSEE FOUNDATION 520 WEST SUMMIT HILL DRIVE STE 1101 KNOXVILLE, TN 37902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	708
DOGWOOD ARTS FESTIVAL INC 123 W JACKSON AVE KNOXVILLE, TN 37902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE FOUNDATION 520 WEST SUMMIT HILL DRIVE STE 1101 KNOXVILLE, TN 37902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOXVILLE ZOOLOGICAL GARDENS INC 3500 KNOXVILLE ZOO DR KNOXVILLE, TN 37914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BREAKTHROUGH CORPORATION 900 E HILL AVE STE 145 KNOXVILLE, TN 37915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF EAST TENNESSE 119 DAMERON AVENUE KNOXVILLE, TN 37917	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVLLLE, TN 37917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVLLLE, TN 37917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,163
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVLLLE, TN 37917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOXVILLE AREA URBAN LEAGUE 1514 E FIFTH AVENUE KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KNOX HOUSING PARTNERSHIP INC 109 N WINONA STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 1501 WASHINGTON AVENUE KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX HOUSING PARTNERSHIP INC 109 N WINONA STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS-BIG SISTERS OF EAST TE 318 N GAY STREET SUITE100 KNOXVILLE, TN 37917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
JDRF INTERNATIONAL355 TRANE DR KNOXVILLE, TN 37919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 5401 KINGSTON PIKE SUITE 230 KNOXVILLE, TN 37919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CYSTIC FIBROSIS FOUNDATION 5401 KINGSTON PIKE SUITE 230 KNOXVILLE, TN 37919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 318 NANCY LYNN LANE 13 KNOXVILLE, TN 37919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 318 NANCY LYNN LANE 13 KNOXVILLE, TN 37919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WEST HIGH SCHOOL 3300 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,700
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,150
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,269
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE, TN 37923	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,646
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SENIOR CITIZENS HOME ASSISTANCE SER PO BOX 3025 KNOXVILLE, TN 37927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR CITIZENS HOME ASSISTANCE SER PO BOX 3025 KNOXVILLE, TN 37927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
TN-CHINA NETWORK INCPO BOX 18072 KNOXVILLE, TN 37928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	173
TN-CHINA NETWORK INCPO BOX 18072 KNOXVILLE, TN 37928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	531
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF KNOXVILLE PO BOX 10184 KNOXVILLE, TN 37939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BRIARCREST CHRISTIAN SCHOOL SYSTEM 76 S HOUSTON LEVEE ROAD EADS, TN 38028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BRIARCREST CHRISTIAN SCHOOL SYSTEM 76 S HOUSTON LEVEE ROAD EADS, TN 38028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASALUZPO BOX 84 CORDOVA, TN 38088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP MEMPHIS 365 S MAIN STREET MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LEADERSHIP MEMPHIS 365 S MAIN STREET MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF MEMPHIS AND T 307 MADISON AVENUE MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LEADERSHIP MEMPHIS 365 S MAIN STREET MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH HEALTH CENTER OF MEMPHIS INC 1350 CONCOURSE AVE STE 142 MEMPHIS, TN 38104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	17,869
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,909
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	78,855
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	28,514
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,162
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,030
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,680
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,360
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,610
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,895
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,035
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,915
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,645
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,720
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,930
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,090
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 38105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	429
JUNIOR LEAGUE OF MEMPHIS INC 3475 CENTRAL AVENUE MEMPHIS, TN 38111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
JUNIOR LEAGUE OF MEMPHIS INC 3475 CENTRAL AVENUE MEMPHIS, TN 38111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF MEMPHIS INC 3475 CENTRAL AVENUE MEMPHIS, TN 38111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF THE MID 1005 TILLMAN STREET STE 223 MEMPHIS, TN 38112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE MEMPHIS 630 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
THEATRE MEMPHIS 630 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THEATRE MEMPHIS 630 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE MEMPHIS 630 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
ST MARY'S EPISCOPAL SCHOOL 60 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
ST MARY'S EPISCOPAL SCHOOL 60 PERKINS EXTENDED MEMPHIS, TN 38117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGNES ELEMENTARY ACADEMY 4830 WALNUT GROVE ROAD MEMPHIS, TN 38117	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
RISE FOUNDATION INC 2650 THOUSAND OAKS BLVD SUITE 2400 MEMPHIS, TN 38118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED HOUSING INC 2750 COLONY PARK DR MEMPHIS, TN 38118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUTCHISON SCHOOL 1740 RIDGEWAY ROAD MEMPHIS, TN 38119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,655
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBARA K LIPMAN EARLY LEARNG CTR (1376 E MASSEY RD MEMPHIS, TN 38120	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 7136 WINCHESTER ROAD MEMPHIS, TN 38125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
HABITAT FOR HUMANITY INTERNATIONAL 7136 WINCHESTER ROAD MEMPHIS, TN 38125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAPE CHILD AND FAMILY SERVICES INC 3160 DIRECTORS ROW MEMPHIS, TN 38131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 6645 POPLAR AVE 211 GERMANTOWN, TN 38138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 6645 POPLAR AVE 211 GERMANTOWN, TN 38138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 6645 POPLAR AVE 211 GERMANTOWN, TN 38138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
THE ELEPHANT SANCTUARY IN TENNESSEE P O BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE P O BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EASTLAND FIRE DEPARTMENT 221 EASTLAND CEMETERY RD SPARTA, TN 38583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVEPACKS428 CHEROKEE DRIVE OXFORD, MS 38655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EIGHT DAYS OF HOPE INCPO BOX 3208 TUPELO, MS 38801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PILGRIMAGE HISTORICAL ASSOCIATION PO BOX 347 NATCHEZ, MS 39121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4830 MCWILLIE CIRCLE JACKSON, MS 39206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,686
AMERICAN HEART ASSOCIATION INC 4830 MCWILLIE CIRCLE JACKSON, MS 39206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 4830 MCWILLIE CIRCLE JACKSON, MS 39206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,019
AMERICAN CANCER SOCIETY INC 1380 LIVINGSTON LN JACKSON, MS 39213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1380 LIVINGSTON LN JACKSON, MS 39213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MISSISSIPPI CHILDRENS HOME SOCIETY PO BOX 1078 JACKSON, MS 39216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WOMENS FOUNDATION OF MISSISSIPPI 2906 NORTH STATE STREET SUITE 302 JACKSON, MS 39216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MISSISSIPPI FOUNDATIO 2500 NORTH STATE STREET JACKSON, MS 39216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,110
JACKSON STATE UNIVERSITY DEVELOPMEN PO BOX 17144 JACKSON, MS 39217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ST PATRICK CATHOLIC HIGH SCHOOL 18300 ST PATRICK ROAD BILOXI, MS 39532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAINBRIDGE-DECATUR COUNTY HUMANE SO 1250 COX AVE BAINBRIDGE, GA 39819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
ST JOSEPH SCHOOL 320 W STEPHEN FOSTER BARDSTOWN, KY 40004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
PATTON MUSEUM FOUNDATION INC P O BOX 25 FORT KNOX, KY 40121	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	511
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHAS CRUSADE FOR CHILDREN INC 520 W CHESTNUT ST LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
NORTON HEALTHCARE FOUNDATION INC 234 E GRAY STREET 450 LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WHAS CRUSADE FOR CHILDREN INC 520 W CHESTNUT ST LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHOICE FOR LIFE INC 701 WEST MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSUMPTION HIGH SCHOOL 2170 TYLER LANE LOUISVILLE, KY 40205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1201 STORY AVE SUITE 205 LOUISVILLE, KY 40206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SACRED HEART ACADEMY 3175 LEXINGTON ROAD LOUISVILLE, KY 40206	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL KIDNEY FOUNDATION INC 161 ST MATTHEWS AVE STE 3 LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL KIDNEY FOUNDATION INC 161 ST MATTHEWS AVE STE 3 LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
NATIONAL SAFE PLACE INC 2722 CRITTENDEN DR LOUISVILLE, KY 40209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
LOUISVILLE OLMSTED PARKS CONSERVANC 1299 TREVILIAN WAY LOUISVILLE, KY 40213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE SALES HIGH SCHOOL 425 KENWOOD DRIVE LOUISVILLE, KY 40214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
FRIENDS OF THE LOUISVILLE FREE PUBL 601 W WOODLAWN AVE LOUISVILLE, KY 40215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ST XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS OF KENTUCK 1519 GARDINER LANE SUITE B LOUISVILLE, KY 40218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
USPIRITUS INC11103 PARK ROAD LOUISVILLE, KY 40223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1640 LYNDON FARM CT STE 104 LOUISVILLE, KY 40223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YOUNG MENS CHRISTIAN ASSOCIATION OF 9400 MILL BROOK ROAD LOUISVILLE, KY 40223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 11902 BRINLEY AVE STES 100 AND 101 LOUISVILLE, KY 40243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION OF APPLACHIAN HOUSING IN 319 OAK STREET BEREA, KY 40403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LEXINGTON CATHOLIC HIGH SCHOOL 2250 CLAYS MILL ROAD LEXINGTON, KY 40503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
REFUGE FOR WOMEN 342 WALLER AVENUE LEXINGTON, KY 40504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF THE BLU 436 GEORGETOWN STREET LEXINGTON, KY 40508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
USHJA FOUNDATION INC 3870 CIGAR LANE LEXINGTON, KY 40511	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS, KY 41011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD SCHOOL & REHABILITATION CEN 71 ORPHANAGE RD FORT MITCHELL, KY 41017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
DAVID JOHNSONS MISSION 31 FOUNDATIO 59 CAVALIER BLVD STE 310 FLORENCE, KY 41042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
COMMUNITY LIGHTHOUSE MINISTRIES PO BOX 364 BELFRY, KY 41514	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3140 PARIS DR PADUCAH, KY 42003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
AMERICAN CANCER SOCIETY INC 3140 PARIS DR PADUCAH, KY 42003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
WESTERN KENTUCKY UNIVERSITY FOUNDAT 1906 COLLEGE HEIGHTS BLVD 21016 BOWLING GREEN, KY 42101	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALTY VETS FOUNDATION INC 73 GLENDALE DRIVE CADIZ, KY 42211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EXPERIENCING AUTISM TOGETHER PO BOX 184 HENDERSON, KY 42419	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRAYSON COUNTY HUMANE SOCIETY AND S PO BOX 122 LEITCHFIELD, KY 42755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA GROUP OF DELAWARE INC 1000 ALPHA DR DELAWARE, OH 43015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37 E DELAWARE, OH 43015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DAEAP-DUBLIN AREA EMERGENCY ASSISTA 81 W BRIDGE STREET DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN CANCER SOCIETY INC 5555 FRANTZ ROAD DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 5555 FRANTZ ROAD DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HILLIARD ADOPT A HOUSE 6168 INVERURIE DR E DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYON COLLEGE COLLEGE RELATIONS CENTER 105 CHASE AVENUE GAMBIER, OH 43022	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NEWARK CATHOLIC HIGH SCHOOL FOUNDAT 1 GREENWAVE DRIVE NEWARK, OH 43055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE WORKS OHIO CENTER OF HISTORY AR 55 SOUTH FIRST STREET NEWARK, OH 43055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 1920 SUTTER PARKWAY POWELL, OH 43065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN FOUNDATION FOR SUICIDE PRE 1920 SUTTER PARKWAY POWELL, OH 43065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OHIO WILDLIFE CENTER6131 COOK RD POWELL, OH 43065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 1920 SUTTER PARKWAY POWELL, OH 43065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN FOUNDATION FOR SUICIDE PRE 1920 SUTTER PARKWAY POWELL, OH 43065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 929 EASTWIND DR SUITE 211 WESTERVILLE, OH 43081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 100 WEST OLD WILSON BRIDGE RD STE 118 WORTHINGTON, OH 43085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 100 WEST OLD WILSON BRIDGE RD STE 118 WORTHINGTON, OH 43085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
JDRF INTERNATIONAL 100 WEST OLD WILSON BRIDGE RD STE 118 WORTHINGTON, OH 43085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PICKERINGTON COMMUNITY THEATRE INC PO BOX 803 PICKERINGTON, OH 43147	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF FAYETTE COUNTY INC 133 SMAIN ST SUITE 2 WASHINGTON COURT HOUSE, OH 43160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WOMENS FUND OF CENTRAL OHIO INC 2323 WEST FIFTH AVENUE SUITE 230 COLUMBUS, OH 43204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICECORPS READING SERVICE 2955 W BROAD STREET COLUMBUS, OH 43204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
I KNOW I CAN 1108 CITY PARK AVENUE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COLUMBUS WORKS INC 888 PARSONS AVENUE COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LOCAL MATTERS633 PARSONS AVE COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
I KNOW I CAN 1108 CITY PARK AVENUE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ST CHARLES PREPARATORY SCHOOL ENDOW 2010 E BROAD STREET COLUMBUS, OH 43209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHARLES PREPARATORY SCHOOL 2010 E BROAD ST COLUMBUS, OH 43209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	875
ST CHARLES PREPARATORY SCHOOL 2010 E BROAD ST COLUMBUS, OH 43209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	625
ST CHARLES PREPARATORY SCHOOL 2010 E BROAD ST COLUMBUS, OH 43209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 2120 FYFFE RD ROOM 3 AG ADMIN BLDG COLUMBUS, OH 43210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
OHIO STATE UNIVERSITY FOUNDATION 2120 FYFFE RD ROOM 3 AG ADMIN BLDG COLUMBUS, OH 43210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OHIO ENVIRONMENTAL COUNCIL 1145 CHESAPEAKE AVE SUITE I COLUMBUS, OH 43212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF CENTRAL OHIO 1145 CHESAPEAKE AVE SUITE L COLUMBUS, OH 43212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATION INC 165 N YEARLING RD WHITEHALL, OH 43213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
METROPOLITAN COMMUNITY SERVICES INC 37 ROBINWOOD AVE WHITEHALL, OH 43213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS OH 43214 COLUMBUS, OH 43214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
EQUITAS HEALTH INC 4400 NORTH HIGH STREET SUITE 300 COLUMBUS, OH 43214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS OH 43214 COLUMBUS, OH 43214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS OH 43214 COLUMBUS, OH 43214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF CENTRA 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CRISTO REY COLUMBUS HIGH SCHOOL 400 EAST TOWN STREET COLUMBUS, OH 43215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 35 N FOURTH ST LOWER LEVEL COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GERMAN VILLAGE SOCIETY 588 S 3RD ST COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
COURT APPOINTED SPECIAL ADVOCATES O 373 SOUTH HIGH STREET 15TH FLOOR COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO CDC ASSOCIATION 100 EAST BROAD STREET SUITE 500 COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ALZHEIMERS DISEASE AND RELATED DISO 1379 DUBLIN ROAD COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COURT APPOINTED SPECIAL ADVOCATES O 373 SOUTH HIGH STREET 15TH FLOOR COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 341 S THIRD STREET STE 203 COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FAITH MISSION INC 245 NORTH GRANT AVENUE COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COLUMBUS BLUE JACKETS FOUNDATION 200 W NATIONWIDE BLVD COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,635
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
COLUMBUS GAY MENS CHORUS 51 JEFFERSON AVE 3 COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS BLUE JACKETS FOUNDATION 200 W NATIONWIDE BLVD COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1170 OLD HENDERSON RD STE 221 COLUMBUS, OH 43220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL CHURCH RESIDENCES FOUNDATI 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT TIMOTHY CHURCH 1088 THOMAS LANE COLUMBUS, OH 43220	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,600
ARTHUR G JAMES CANCER HOSPITAL & RI THE OHIO STATE UNIVERSITY FOUNDATIO COLUMBUS, OH 43221	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,334
ARTHUR G JAMES CANCER HOSPITAL & RI THE OHIO STATE UNIVERSITY FOUNDATIO COLUMBUS, OH 43221	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,106
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
STEFS CELEBRATE LIFE FOUNDATION 2139 CHESHIRE ROAD COLUMBUS, OH 43221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
OHIO STATE UNIVERSITY 947 HARBORTON DRIVE COLUMBUS, OH 43228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS, OH 43229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS, OH 43229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR CITIZENSHIP & CHARACTE 1499 HARD RD COLUMBUS, OH 43235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DAVE THOMAS FOUNDATION FOR ADOPTION DEVELOPMENT OFFICE - 716 MT AIRYSHIRE BLVD STE 100 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE SUITE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE SUITE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BETHEL PRO-LIFE MINISTRIES OF WYAND 217 W CENTER ST MARION, OH 43302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL PRO-LIFE MINISTRIES OF WYAND 217 W CENTER ST MARION, OH 43302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BETHEL PRO-LIFE MINISTRIES OF WYAND 217 W CENTER ST MARION, OH 43302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,130
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,319
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,531
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,969
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,483
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLYING HORSE FARMS 5260 STATE ROUTE 95 MOUNT GILEAD, OH 43338	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	998
AMERICAN NATIONAL RED CROSS 1854 E PERRY STREET 600 PORT CLINTON, OH 43452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TOLEDO AREA HUMANE SOCIETY 827 ILLINOIS AVE MAUMEE, OH 43537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 740 COMMERCE DRIVE SUITE B PERRYSBURG, OH 43551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
WATER FOR ISHMAEL 3925 W CENTRAL AVENUE TOLEDO, OH 43606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
START SIDELINERS ATHLETIC BOOSTERS 2010 TREMAINSVILLE ROAD TOLEDO, OH 43613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN'S JESUIT HIGH SCHOOL 5901 AIRPORT HIGHWAY TOLEDO, OH 43615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
BEACH HOUSE INC 2283 ASHLAND AVENUE TOLEDO, OH 43620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME ACADEMY HIGH SCHOOL 3535 W SYLVANIA AVE TOLEDO, OH 43623	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY HIGH SCHOOL 3535 W SYLVANIA AVE TOLEDO, OH 43623	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	583
NOTRE DAME ACADEMY HIGH SCHOOL 3535 W SYLVANIA AVE TOLEDO, OH 43623	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
GENESIS HEALTHCARE SYSTEM 1135 MAPLE AVE ZANESVILLE, OH 43701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN NATIONAL RED CROSS 7650 EAST PIKE NORWICH, OH 43767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOVE A STRAYPO BOX 422 AVON, OH 44011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARFIELD MEMORIAL UNITED METHODIST 39405 SOUTH WOODLAND ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY SCHOOL ALUMNI ASSOC 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY SCHOOL ALUMNI ASSOC 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
NOTRE DAME ELEMENTARY SCHOOL 13000 AUBURN ROAD CHARDON, OH 44024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ELYRIA CATHOLIC HIGH SCHOOL 725 GULF ROAD ELYRIA, OH 44035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELYRIA CATHOLIC HIGH SCHOOL 725 GULF ROAD ELYRIA, OH 44035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
FAMILY GARDEN INITIATIVE 245 OHIO ST ELYRIA, OH 44035	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,765
DIOCESAN COUNCIL SOCIETY OF ST VINC 32653 BRIARWOOD DR NORTH RIDGEVILLE, OH 44039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLOWIK MUSIC INSTITUTE 65 E COLLEGE ST SUITE 7 OBERLIN, OH 44074	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LAKE ERIE COLLEGE 391 WWASHINGTON STREET PAINESVILLE, OH 44077	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEW DIRECTIONS FOR LIVING PROGRAM 77 NORTH ST CLAIR SUITE 101 PAINESVILLE, OH 44077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW RD UNIT 30 TWINSBURG, OH 44087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COAR PEACE MISSION 28700 EUCLID AVE WICKLIFFE, OH 44092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 2110 WEST 110TH ST CLEVELAND, OH 44102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEAR WEST THEATRE 6702 DETROIT AVE CLEVELAND, OH 44102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEAR WEST THEATRE 6702 DETROIT AVE CLEVELAND, OH 44102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CENTER FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CENTER FOR ARTS-INSPIRED LEARNING 10917 MAGNOLIA DRIVE CLEVELAND, OH 44106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ARTS-INSPIRED LEARNING 10917 MAGNOLIA DRIVE CLEVELAND, OH 44106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
LAKEWOOD FOUNDATION 15022 MADISON AVE LAKEWOOD, OH 44107	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	250
ST EDWARD HIGH SCHOOL 13500 DETROIT ROAD LAKEWOOD, OH 44107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROHEALTH FOUNDATION INC 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INTER RELIGIOUS TASK FORCE ON CENTR 3606 BRIDGE AVE CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE HOUSE INC 2050 WEST 32ND STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PROVIDENCE HOUSE INC 2050 WEST 32ND STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SHOES AND CLOTHES FOR KIDS INC 3500 LORAIN AVENUE SUITE 301 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
ROSE-MARY THE JOHANNA GRASSELLI REH 2346 WEST 14TH STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOES AND CLOTHES FOR KIDS INC 3500 LORAIN AVENUE SUITE 301 CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROCK AND ROLL HALL OF FAME AND MUSE 1100 ROCK AND ROLL BLVD CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MANUFACTURING ADVOCACY & GROWTH NET 1768 EAST 25TH ST CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ENTERPRISE COMMUNITY PARTNERS INC 1360 E 9TH ST 510 CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CLEVELAND MEDIA DEVELOPMENT 1333 LAKESIDE AVENUE E CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MANUFACTURING ADVOCACY & GROWTH NET 1768 EAST 25TH ST CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND MEDIA DEVELOPMENT 1333 LAKESIDE AVENUE E CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,100
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
THE SALVATION ARMY2507 E 22ND ST CLEVELAND, OH 44115	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND CENTER FOR ARTS AND TECHN 3634 EUCLID AVE SUITE 100 CLEVELAND, OH 44115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
CLEVELAND FOUNDATION 1422 EUCLID AVE SUITE 1300 CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND FOUNDATION 1422 EUCLID AVE SUITE 1300 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 2500 EAST 22ND STREET SUITE 102 CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BELLEFAIRE JEWISH CHILDRENS BUREAU 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEFAIRE JEWISH CHILDRENS BUREAU 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,025
MONARCH LIFEWORKS 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
EDWINS LEADERSHIP AND RESTAURANTINS 13101 SHAKER SQUARE CLEVELAND, OH 44120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND ST CLEVELAND, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMPOWERING AND STRENGTHENING OHIOS 11890 FAIRHILL ROAD CLEVELAND, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND ST CLEVELAND, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND ST CLEVELAND, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHAKER SCHOOLS FOUNDATION 15600 PARKLAND DRIVE SHAKER HEIGHTS, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMPOWERING AND STRENGTHENING OHIOS 11890 FAIRHILL ROAD CLEVELAND, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREL SCHOOLONE LYMAN CIRCLE SHAKER HEIGHTS, OH 44122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HATHAWAY BROWN SCHOOL 19600 N PARK BLVD SHAKER HTS, OH 44122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,242
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ALZHEIMERS DISEASE AND RELATED DISO 23215 COMMERCE PARK BEACHWOOD, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,975
THE MANDEL JEWISH COMMUNITY CENTER 26001 SOUTH WOODLAND BEACHWOOD, OH 44122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HATHAWAY BROWN SCHOOL 19600 N PARK BLVD SHAKER HEIGHTS, OH 44122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 5425 WARNER RD SUITE 10 CLEVELAND, OH 44125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOBBY TRIPODI FOUNDATION INC 5905 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALS ASSOCIATION NORTHERN OHIO CHAPT 6155 ROCKSIDE ROAD SUITE 403 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 ROCKSIDE RD STE 202 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
ARTHRITIS FOUNDATION INC 30775 BAINBRIDGE ROAD STE 210 SOLON, OH 44139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ARTHRITIS FOUNDATION INC 30775 BAINBRIDGE ROAD STE 210 SOLON, OH 44139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SC ELITE SOFTBALL INC 6878 SOLON BLVD SOLON, OH 44139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FORCE SPORTS PLAYS INC 26555 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DVB CLEVELAND, OH 44195	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DVB CLEVELAND, OH 44195	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,457
OLD TRAIL SCHOOLPO BOX 827 BATH, OH 44210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
OLD TRAIL SCHOOLPO BOX 827 BATH, OH 44210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS AND PRAYERS INC 1407A MAIN ST CUYAHOGA FALLS, OH 44221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PILGRIM UNITED CHURCH OF CHRIST 130 BROAD BOULEVARD CUYAHOGA FALLS, OH 44221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
LOVE IN NEGLECTED COMMUNITIES 3732 FISHCREEK RD 920 STOW, OH 44224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
KENT STATE UNIVERSITYPO BOX 5190 KENT, OH 44242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND FOUNDATION FOR EDUCATIONAL 3880 RIDGE RD MEDINA, OH 44256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 501 W MARKET ST AKRON, OH 44303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AKRON ART MUSEUM0NE SOUTH HIGH AKRON, OH 44308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON ART MUSEUM0NE SOUTH HIGH AKRON, OH 44308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
SUMMA HEALTH SYSTEM AKRON CITY HOSPITAL 525 MARKET STREET VOL DEPT AKRON, OH 44309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CREUTZFELDT-JAKOB DISEASE FOUNDATIO 3610 W MARKET ST SUITE 110 AKRON, OH 44333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 525 N BROAD ST CANFIELD, OH 44406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HENRY M HALSTEAD FIELD OF OPPORTUNI PO BOX 674 CANFIELD, OH 44406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HENRY M HALSTEAD FIELD OF OPPORTUNI PO BOX 674 CANFIELD, OH 44406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUNDACION FUENTE DE AMOR INC 2572 EDGEWATER DR CORTLAND, OH 44410	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	7,078
YOUNGSTOWN STATE UNIVERSITY FOUNDAT 655 WICK AVENUE YOUNGSTOWN, OH 44502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EASTER SEAL SOCIETY OF MAHONING TRU 299 EDWARDS STREET YOUNGSTOWN, OH 44502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENTS MOTIVATED BY THE ARTS 25 EAST BOARDMAN STREET FIRST FLOOR YOUNGSTOWN, OH 44503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
STUDENTS MOTIVATED BY THE ARTS 25 EAST BOARDMAN STREET FIRST FLOOR YOUNGSTOWN, OH 44503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
BOYS & GIRLS CLUB OF YOUNGSTOWN 2105 OAK HILL AVE YOUNGSTOWN, OH 44507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF YOUNGSTOWN 2105 OAK HILL AVE YOUNGSTOWN, OH 44507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
HUMILITY HOUSE755 OHLTOWN RD YOUNGSTOWN, OH 44515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILAND ACADEMIC BOOSTER CLUB INC PO BOX 275 BERLIN, OH 44610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ECHOING HILLS VILLAGE INC 643 BEVERLY AVENUE CANAL FULTON, OH 44614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LOUISVILLE COMMUNITY FOUNDATION PO BOX 448 LOUISVILLE, OH 44641	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY CROSS CATHOLIC SCHOOLS 2121 RENO DRIVE NE LOUISVILLE, OH 44641	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 408 9TH STREET SW CANTON, OH 44707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WHIPPLE HEIGHTS ELEMENTARY SCHOOL 4800 12TH STREET NW CANTON, OH 44708	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER EAST CANTON COMMUNITY 224 WOOD ST N EAST CANTON, OH 44730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BUILDING BLOCKS FOUNDATION 7577 CENTRAL PARKE BLVD SUITE 224 MASON, OH 45040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DRAGONFLY FOUNDATIONPO BOX 334 CINCINNATI, OH 45040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY FOUNDATION INC 725 E CHESTNUT STREET OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,506
MIAMI UNIVERSITY FOUNDATION INC 725 E CHESTNUT STREET OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,904
MIAMI UNIVERSITY FOUNDATION INC 725 E CHESTNUT STREET OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY FOUNDATION INC 725 E CHESTNUT STREET OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,400
MIAMI UNIVERSITY FOUNDATION INC 725 E CHESTNUT STREET OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	600
DELTA ZETA FOUNDATION 202 E CHURCH ST OXFORD, OH 45056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI WORKS INC 708 WALNUT STREET FLOOR 2 CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CINCINNATI WORKS INC 708 WALNUT STREET FLOOR 2 CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CINCINNATI MUSEUM CENTER 250 W COURT ST STE 300E CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1105 ELM STREET CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YWCA OF GREATER CINCINNATI INC 898 WALNUT ST CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
LITERACY NETWORK OF GREATER CINCINN 19 BROADCAST PLAZA 635 W 7TH STREET SUITE 309 CINCINNATI, OH 45203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI, OH 45205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	685
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE YOUTH SERVICES INC 401 E MCMILLAN STREET CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	601
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
G L A D HOUSE INC1994 MADISON RD CINCINNATI, OH 45208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
G L A D HOUSE INC1994 MADISON RD CINCINNATI, OH 45208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPREHENSIVE COMMUNITY CHILD CARE 2100 SHERMAN AVENUE SUITE 300 CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DOWN SYNDROME ASSOCIATION OF GREATE 4623 WESLEY AVENUE SUITE A CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DOWN SYNDROME ASSOCIATION OF GREATE 4623 WESLEY AVENUE SUITE A CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL THEATRE ASSOCIATION FOU 4805 MONTGOMERY ROAD SUITE 400 CINCINNATI, OH 45212	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
PER SCHOLAS INC800 BANK STREET CINCINNATI, OH 45214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PER SCHOLAS INC800 BANK STREET CINCINNATI, OH 45214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD ROAD CINCINNATI, OH 45215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WYOMING SCHOOL FOUNDATION 420 SPRINGFIELD PIKE SUITE K CINCINNATI, OH 45215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WYOMING SCHOOL FOUNDATION 420 SPRINGFIELD PIKE SUITE K CINCINNATI, OH 45215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,100
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
DE PAUL CRISTO REY HIGH SCHOOL 1133 CLIFTON HILLS AVENUE CINCINNATI, OH 45220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SEVEN HILLS SCHOOLS 5400 RED BANK ROAD CINCINNATI, OH 45227	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,112
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEVEN HILLS SCHOOLS 5400 RED BANK ROAD CINCINNATI, OH 45227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,057
JDRF INTERNATIONAL 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
JDRF INTERNATIONAL 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CATHOLIC CHARITIES SOUTHWESTERN OHI 7162 READING ROAD SUITE 600 CINCINNATI, OH 45237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 4015 EXECUTIVE PARK DR STE 305 CINCINNATTI, OH 45241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOSPICE OF CINCINNATI INCORPORATED 4310 COOPER AVE CINCINNATI, OH 45242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE LAM FOUNDATION 4520 COOPER RD STE 300 CINCINNATI, OH 45242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 4370 GLENDALE MILFORD ROAD CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 4370 GLENDALE MILFORD ROAD CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
HOSPICE OF CINCINNATI INCORPORATED 4310 COOPER AVE CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 4370 GLENDALE MILFORD ROAD CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
PARENTAL HOPE INCPO BOX 42570 CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE LAM FOUNDATION 4520 COOPER RD STE 300 CINCINNATI, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTIOCH COLLEGE CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GOODWILL EASTER SEALS OF MIAMI VALL 660 S MAIN STREET DAYTON, OH 45402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN NATIONAL RED CROSS 370 W FIRST STREET DAYTON, OH 45402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON PERFORMING ARTS ALLIANCE 126 N MAIN STREET SUITE 210 DAYTON, OH 45402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CULTURE WORKS 110 NORTH MAIN ST SUITE 165 DAYTON, OH 45402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN HEART ASSOCIATION INC 1313 WEST DOROTHY LN DAYTON, OH 45409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK INC56 ARMOR PLACE DAYTON, OH 45417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOODBANK INC56 ARMOR PLACE DAYTON, OH 45417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MONTGOMERY COUNTY JUVENILE COURT FO 5581 DAYTON LIBERTY RD DAYTON, OH 45417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOSPICE OF DAYTON INC 324 WILMINGTON AVENUE DAYTON, OH 45420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DAYTON FOUNDATION 40 NORTH MAIN STREET SUITE 500 DAYTON, OH 45423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DAYTON FOUNDATION 40 NORTH MAIN STREET SUITE 500 DAYTON, OH 45423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED REHABILITATION SERVICES OF G 4710 OLD TROY PIKE DAYTON, OH 45424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	7,000
ALTER HIGH SCHOOL 940 EAST DAVID ROAD DAYTON, OH 45429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTER HIGH SCHOOL 940 EAST DAVID ROAD DAYTON, OH 45429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
MARCH OF DIMES INC 3131 SOUTH DIXIE DR STE 416 DAYTON, OH 45439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,658
ST LEONARD8100 CLYO ROAD CENTERVILLE, OH 45458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ASSOCIATION - MIAMI VALL 31 W WHIPP ROAD DAYTON, OH 45459	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 31 W WHIPP RD DAYTON, OH 45459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
GIRLS ON THE RUN OF DAYTON PO BOX 752105 DAYTON, OH 45475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
MARIETTA COLLEGE215 FIFTH STREET MARIETTA, OH 45750	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIETTA COLLEGE215 FIFTH STREET MARIETTA, OH 45750	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS MEDICAL MISSIONS WEST 15595 WAYNESFIELD RD WAYNESFIELD, OH 45896	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
LAMBDA CHI ALPHA EDUCATIONAL FOUNDA 11711 N PENNSYLVANIA ST 250 CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA KAPPA FOUNDATION INC 695 PRO MED LANE 300 CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	187
FOUNDATION CHAPTER OF THETA CHI FRA 865 W CARMEL DRIVE STE 116 CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ZETA TAU ALPHA FOUNDATION INC 1036 S RANGELINE ROAD CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE SYMMES INC 12441 CREEKWOOD LANE CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
THE CENTER FOR THE PERFORMING ARTS ONE CENTER GREEN CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE CENTER FOR THE PERFORMING ARTS ONE CENTER GREEN CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR THE PERFORMING ARTS ONE CENTER GREEN CARMEL, IN 46032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
BAN ASSAULT RIFLES 1950 E GREYHOUND PASS SUITE 18-142 CARMEL, IN 46033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
DOWN SYNDROME AWARENESS OF INDIANA 13625 GOLDEN RIDGE LN MCCORDSVILLE, IN 46055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWNSBURG EAST MIDDLE SCHOOL 1250 E AIRPORT RD BROWNSBURG, IN 46112	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,303
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
INDIANAPOLIS NEIGHBORHOOD RESOURCE 708 E MICHIGAN ST INDIANAPOLIS, IN 46202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,970
DOWN SYNDROME INDIANA INC 708 EAST MICHIGAN ST INDIANAPOLIS, IN 46202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME INDIANA INC 708 EAST MICHIGAN ST INDIANAPOLIS, IN 46202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HAPPY HOLLOW CHILDRENS CAMP INC 615 N ALABAMA ST GROUND FLOOR STE C INDIANAPOLIS, IN 46204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INDIANA UNIVERSITY 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INDIANAPOLIS OPERA COMPANY 4011 N PENNSYLVANIA ST INDIANAPOLIS, IN 46205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,408
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
INDIANA YOUTH GROUP INC 3733 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3909 NORTH MERIDIAN SUITE 100 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANAPOLIS SYMPHONIC CHOIR INC 4600 SUNSET AVENUE LILLY HALL A040 INDIANAPOLIS, IN 46208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
INDIANAPOLIS SYMPHONIC CHOIR INC 4600 SUNSET AVENUE LILLY HALL A040 INDIANAPOLIS, IN 46208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SCHOOL ON WHEELS CORP 2605 E 62ND ST 2005 INDIANAPOLIS, IN 46220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL ON WHEELS CORP 2605 E 62ND ST 2005 INDIANAPOLIS, IN 46220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
OUTSIDE THE BOX INC 3940 E 56TH STREET INDIANAPOLIS, IN 46220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OUTSIDE THE BOX INC 3940 E 56TH STREET INDIANAPOLIS, IN 46220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR URBAN PROGRESS 160 STEEPLES BLVD INDIANAPOLIS, IN 46222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
INDIANA CANINE ASSISTANT NETWORK IN 5610 CRAWFORDSVILLE ROAD SUITE 2101 INDIANAPOLIS, IN 46224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CYSTIC FIBROSIS FOUNDATION 8445 KEYSTONE CROSSING 135 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 8445 KEYSTONE CROSSING 135 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
PENROD SOCIETY 8900 KEYSTONE CROSSING SUITE 660 INDIANAPOLIS, IN 46240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
STARFISH INC6958 HILLSDALE CT INDIANAPOLIS, IN 46250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYDIA HOME ASSOCIATION 7168 GRAHAM ROAD INDIANAPOLIS, IN 46250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BEST BUDDIES INTERNATIONAL INC 8604 ALLISONVILLE ROAD SUITE 165 INDIANAPOLIS, IN 46250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PEACE LEARNING CENTER INC 6040 DELONG ROAD INDIANAPOLIS, IN 46254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 7998 CENTERPOINT DR STE 100 INDIANAPOLIS, IN 46256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
AMYOTROPHIC LATERAL SCLEROSIS 7202 E 87TH ST STE 102 INDIANAPOLIS, IN 46256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FISHERS SOCCER CLUB INC 9900 WESTPOINT DRIVE SUITE 124 INDIANAPOLIS, IN 46256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHERS SOCCER CLUB INC 9900 WESTPOINT DRIVE SUITE 124 INDIANAPOLIS, IN 46256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
FISHERS SOCCER CLUB INC 9900 WESTPOINT DRIVE SUITE 124 INDIANAPOLIS, IN 46256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
THE TATUM PARKER PROJECT INC 1341 KIRKHAM LANE INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PHI KAPPA THETA NATIONAL FOUNDATION 3901 W 86TH ST STE 360 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	358
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3500 DEPAUW BLVD STE 1040 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3500 DEPAUW BLVD STE 1040 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SUSAN G KOMEN BREAST CANCER FOUNDAT 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF OHIO KENT 6201 CORPORATE DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MAKE-A-WISH FOUNDATION OF OHIO KENT 6201 CORPORATE DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MAKE-A-WISH FOUNDATION OF OHIO KENT 6201 CORPORATE DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 10401 N MERIDIAN STREET SUITE 150 INDIANAPOLIS, IN 46290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
JDRF INTERNATIONAL 10401 N MERIDIAN STREET SUITE 150 INDIANAPOLIS, IN 46290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
KAPPA KAPPA KAPPA INC 2351 FOUR SEASONS PARKWAY CROWN POINT, IN 46307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION FOUNDATI 501 MARQUETTE ST VALPARAISO, IN 46383	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
LAKESHORE PAWS INC4611 EVANS AVE VALPARAISO, IN 46385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHASING DREAMS INC 8380 LOUISIANA STREET MERRILLVILLE, IN 46410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE SOCIETY OF ELKHART COUNT 54687 CR 19 BRISTOL, IN 46507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 130 RED COACH DR MISHAWAKA, IN 46545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY INC 130 RED COACH ROAD MISHAWAKA, IN 46545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 130 RED COACH DR MISHAWAKA, IN 46545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,800
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	16,399
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,750
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,300
RONALD MCDONALD HOUSE CHARITIES OF 610 N MICHIGAN ST SUITE 310 SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTH BEND CIVIC THEATRE INC 403 NORTH MAIN STREET SOUTH BEND, IN 46601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPS OF CARE INCPO BOX 48 AUBURN, IN 46706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
VERA BRADLEY FOUNDATION FOR BREAST 12420 STONEBRIDGE ROAD ROANOKE, IN 46783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CARROLL HIGH SCHOOL INSTRUMENTAL MU 429 E DUPONT ROAD PMB 75 FORT WAYNE, IN 46825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN COUNTY HUMANE SOCIETY PO BOX 272 BROOKVILLE, IN 47012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SALVATION ARMY 2300 GREEN VALLEY ROAD NEW ALBANY, IN 47150	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	750
SALVATION ARMY 2300 GREEN VALLEY ROAD NEW ALBANY, IN 47150	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,350
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,725
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,600
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
INDIANA UNIVERSITYPO BOX 500 BLOOMINGTON, IN 47402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 47403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 47403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 47403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	652
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 47403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 47403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
BEDFORD NORTH LAWRENCE SCHOLARSHIP PO BOX 729 BEDFORD, IN 47421	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDERSON WOODS INC 4630 ADYEVILLE RD BRISTOW, IN 47515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE JASPER PUBLIC LIBRAR 1641 SCARLET OAK DR JASPER, IN 47546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FELLOWSHIP OF CHRISTIAN ATHLETES 1311 N CENTER RD BOONVILLE, IN 47601	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTHWE 2516 WATERBRIDGE WAY EVANSVILLE, IN 47710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SOUTHWE 2516 WATERBRIDGE WAY EVANSVILLE, IN 47710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
RONALD MCDONALD HOUSE CHARITIES OF 3540 WASHINGTON AVENUE EVANSVILLE, IN 47714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3540 WASHINGTON AVENUE EVANSVILLE, IN 47714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
RONALD MCDONALD HOUSE CHARITIES OF 3540 WASHINGTON AVENUE EVANSVILLE, IN 47714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 3501 E LLOYD EXPRESSWAY EVANSVILLE, IN 47715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3501 E LLOYD EXPRESSWAY EVANSVILLE, IN 47715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ROSE-HULMAN INSTITUTE OF TECHNOLOGY 5500 WABASH AVENUE TERRE HAUTE, IN 47803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
INDIANA STATE UNIVERSITY FOUNDATION 217 NORTH 6TH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA STATE UNIVERSITY FOUNDATION 30 NORTH FIFTH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INDIANA STATE UNIVERSITY FOUNDATION 30 NORTH FIFTH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,860
INDIANA STATE UNIVERSITY FOUNDATION 30 NORTH FIFTH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LAFAYETTE COMMUNITY FOUNDAT 300 MAIN STREET SUITE 100 LAFAYETTE, IN 47901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
BIG BROTHERS BIG SISTERS OF GREATER 100 SAW MILL ROAD SUITE 2000 LAFAYETTE, IN 47905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,800
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT100 OAKLAND COUNTY 33717 WOODWARD AVE 505 BIRMINGHAM, MI 48009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
VARIETY CLUB CHARITY FOR CHILDREN I 600 SOUTH ADAMS SUITE 230 BIRMINGHAM, MI 48009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD SUITE 404 BINGHAM FARMS, MI 48025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD SUITE 404 BINGHAM FARMS, MI 48025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 115 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ANGELS PLACE29299 FRANKLIN STE 2 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 29777 TELEGRAPH ROAD SUITE 1651 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 115 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
NATIONAL MULTIPLE SCLEROSIS SOCIETY 29777 TELEGRAPH ROAD SUITE 1651 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
S A Y DETROIT29836 TELEGRAPH ROAD SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 115 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC PO BOX 380228 CLINTON TWP, MI 48038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
MACOMB COUNTY WARMING CENTER 2 CROCKER BLVD STE 201 MT CLEMENS, MI 48043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT INC158 S MAIN MOUNT CLEMENS, MI 48046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF CHILDRENS ONCOLOGY CAMP 408 SOUTH LAFAYETTE AVE SUITE 100 ROYAL OAK, MI 48067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF CHILDRENS ONCOLOGY CAMP 408 SOUTH LAFAYETTE AVE SUITE 100 ROYAL OAK, MI 48067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE PILLARS - AN EDUCATIONAL SERV 306 E 4TH STREET ROYAL OAK, MI 48067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
JDRF INTERNATIONAL 24359 NORTHWESTERN HWY STE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
JDRF INTERNATIONAL 24359 NORTHWESTERN HWY STE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR A SAFER GREATER 18000 W NINE MILE RD SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JDRF INTERNATIONAL 24359 NORTHWESTERN HWY STE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
JEWISH VOCATIONAL SERVICE AND COMMU 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DR SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DR SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MUSCULAR DYSTROPHY ASSOCIATION 950 STEPHENSON HWY SUITE 209 TROY, MI 48083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN OF TOMORROW MENTOR & SCHOLARS 500 W 14 MILE RD MACYS OAKLAND MALL TROY, MI 48083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	254
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
ELES PLACE INC 3526 W LIBERTY SUITE 200 ANN ARBOR, MI 48103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ELES PLACE INC 3526 W LIBERTY SUITE 200 ANN ARBOR, MI 48103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA BLUE CREW806 CENTER DR ANN ARBOR, MI 48103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLUMBIA BLUE CREW806 CENTER DR ANN ARBOR, MI 48103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,160
COLUMBIA BLUE CREW806 CENTER DR ANN ARBOR, MI 48103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA BLUE CREW806 CENTER DR ANN ARBOR, MI 48103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAIR FOOD NETWORK 205 E WASHINGTON ST ANN ARBOR, MI 48104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
INTERNATIONAL SAMARITAN 803 N MAIN ST ANN ARBOR, MI 48104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD GATHERERS1 CARROT WAY ANN ARBOR, MI 48105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 4624 PACKARD ROAD ANN ARBOR, MI 48108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	35
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,160
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,075
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD GATHERERSPO BOX 131037 ANN ARBOR, MI 48113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD GATHERERSPO BOX 131037 ANN ARBOR, MI 48113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BLESSINGS IN A BACKPACK INC 120 N MILITARY DEARBORN, MI 48124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDISON INSTITUTE INC 20900 OAKWOOD BOULEVARD DEARBORN, MI 48124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE EDISON INSTITUTE INC 20900 OAKWOOD BOULEVARD DEARBORN, MI 48124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HENRY FORD VILLAGE FOUNDATION INC 15101 FORD RD DEARBORN, MI 48126	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY FORD COMMUNITY COLLEGE FOUNDA 5101 EVERGREEN ROAD DEARBORN, MI 48128	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
GREAT LAKES WOMENS BUSINESS COUNCIL 33109 SCHOOLCRAFT RD LIVONIA, MI 48150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NORTHVILLE EDUCATIONAL FOUNDATION 405 W MAIN ST NORTHVILLE, MI 48167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL EXCELLENCE FOUNDATION P 454 S HARVEY STREET PLYMOUTH, MI 48170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHRIDGE CHURCH MINISTERIES INC 49555 N TERRITORIAL RD PLYMOUTH, MI 48170	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
CHADTOUGH FOUNDATIONPO BOX 907 SALINE, MI 48176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHADTOUGH FOUNDATIONPO BOX 907 SALINE, MI 48176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
STEPHEN TULLOCH FOUNDATION 1689 THISTLE DR CANTON, MI 48188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED CHARITABLE 1689 THISTLE DRIVE CANTON, MI 48188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF GOVERNORS 4600 CASS AVENUE DETROIT, MI 48201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
GLOBAL DETROIT 4444 SECOND AVENUE DETROIT, MI 48201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE BOARD OF GOVERNORS 5700 CASS AVENUE SUITE 1200 DETROIT, MI 48202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 3031 W GRAND BLVD SUITE 685 DETROIT, MI 48202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	713
BIG BROTHERS BIG SISTERS OF METROPO 7700 SECOND SUITE 602 DETROIT, MI 48202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BLACK UNITED FUND OF MICHIGAN INC 7650 SECOND AVENUE SUITE 120 DETROIT, MI 48202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DEVELOPMENT ADVOCATES OF 440 BURROUGHS SUITE 201 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
COMMUNITY DEVELOPMENT ADVOCATES OF 440 BURROUGHS SUITE 201 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GIRL SCOUTS OF SOUTHEASTERN MICHIGA 500 FISHER BUILDING 3011 W GRAND BLVD DETROIT, MI 48202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCOUNTING AID SOCIETY 3031 W GRAND BOULEVARD SUITE 470 DETROIT, MI 48202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
HUMANS FIRST DETROIT 440 BURROUGHS ST 200 DETROIT, MI 48202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
RUTH ELLIS CENTER INC 77 VICTOR STREET HIGHLAND PARK, MI 48203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL DETROIT CHRISTIAN COMMUNITY 1550 TAYLOR ST DETROIT, MI 48206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CENTRAL DETROIT CHRISTIAN COMMUNITY 1550 TAYLOR ST DETROIT, MI 48206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COLLEGE FOR CREATIVE STUDIES 460 W BALTIMORE 100C DETROIT, MI 48207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON EAST INC 300 RIVER PLACE DRIVE SUITE 5250 DETROIT, MI 48207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BELLE ISLE CONSERVANCY 300 RIVER PLACE DRIVE SUITE 2800 DETROIT, MI 48207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
BELLE ISLE CONSERVANCY 300 RIVER PLACE DRIVE SUITE 2800 DETROIT, MI 48207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
URBAN NEIGHBORHOOD INITIATIVES INC 8300 LONGWORTH ST DETROIT, MI 48209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN NEIGHBORHOOD INITIATIVES INC 8300 LONGWORTH ST DETROIT, MI 48209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST DETROIT BUSINESS ASSOCIAT 7752 WEST VERNOR HWY DETROIT, MI 48209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DETROIT HORSE POWER4414 51ST ST DETROIT, MI 48210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DETROIT HORSE POWER4414 51ST ST DETROIT, MI 48210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
DETROIT HIVES INC9336 E WARREN DETROIT, MI 48214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
DETROIT HIVES INC9336 E WARREN DETROIT, MI 48214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT POLICE ATHLETIC LEAGUE INCO 1680 MICHIGAN AVE DETROIT, MI 48216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DOWNTOWN DETROIT PARTNERSHIP INC 2701 BAGLEY AVE DETROIT, MI 48216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FREEDOM HOUSE 2630 W LAYFAYETTE BLVD DETROIT, MI 48216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINERVA EDUCATION AND DEVELOPMENT F PO BOX 21655 DETROIT, MI 48221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF DETROIT JESUIT HIGH S 8400 S CAMBRIDGE DETROIT, MI 48221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
HEAT AND WARMTH FUND 607 SHELBY STREET SUITE 400 DETROIT, MI 48226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECT DETROIT 613 ABBOTT STREET - SUITE 3 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
CONNECT DETROIT 613 ABBOTT STREET - SUITE 3 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE A DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOR SOUTHEASTERN MICHIGA 660 WOODWARD AVENUE SUITE 300 DETROIT, MI 48226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DETROIT EMPLOYMENT SOLUTIONS CORPOR 440 E CONGRESS SUITE 400 DETROIT, MI 48226	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25,000
GEORGE DEFER ELEMENTARY SCHOOL PARE 1247 BEDFORD RD GROSSE POINTE PARK, MI 48230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENING OF DETROIT 13000 W MCNICHOLS ROAD DETROIT, MI 48235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HOPE 1200 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
FOCUS HOPE 1200 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
CATHOLIC CHARITIES OF SOUTHEAST MIC 15945 CANAL RD CLINTON TOWNSHIP, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACE TREE PARKS13463 MERCEDES REDFORD, MI 48239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPHINX ORGANIZATION INC 400 RENAISSANCE CENTER SUITE 2550 DETROIT, MI 48243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
INVEST DETROIT FOUNDATION 600 RENAISSANCE CTR STE 1710 DETROIT, MI 48243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPHINX ORGANIZATION INC 400 RENAISSANCE CENTER SUITE 2550 DETROIT, MI 48243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CRANBROOK SCHOOLS OFFICE OF ADVANCEMENT - PO BOX 801 BLOOMFIELD HILLS, MI 48303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 48307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER AREA NEIGHBORHOOD HOUSE I 1720 S LIVERNOIS ROCHESTER HILLS, MI 48307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEW DAY FOUNDATION FOR FAMILIES 414 S MAIN STREET SUITE 205 ROCHESTER, MI 48307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEADERSHIP MACOMB INC 14460 LAKESIDE CIRCLE SUITE 220 STERLING HEIGHTS, MI 48313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS OF HOPE A FAMILY CANCER FOUN 14281 BOURNEMUTH SHELBY TWP, MI 48315	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
MACOMB SCIENCE OLYMPIAD 4109 MORNINGVIEW DR SHELBY TOWNSHIP, MI 48316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EASTER SEALS-MICHIGAN INC 2399 E WALTON BLVD AUBURN HILLS, MI 48326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,660
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS-MICHIGAN INC 2399 E WALTON BLVD AUBURN HILLS, MI 48326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
OAKLAND HOPE373 SUMMIT DRIVE WATERFORD, MI 48328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SOUTHEASTERN 26777 HALSTED RD SUITE 100 FARMINGTON HILLS, MI 48331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOCIETY FOR THE PROMOTION OF RURAL 29531 GREENBORO ST FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,801
SOCIETY FOR THE PROMOTION OF RURAL 29531 GREENBORO ST FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 25882 ORCHARD LAKE ROAD SUITE 102 FARMINGTON, MI 48336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
HAVEN INC801 VANGUARD DR PONTIAC, MI 48341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LIGHTHOUSE OF OAKLAND COUNTY INC 46156 WOODWARD AVE PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 150 OSMUN ST PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LIGHTHOUSE OF OAKLAND COUNTY INC 46156 WOODWARD AVE PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HAVEN INCPO BOX 431045 PONTIAC, MI 48343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH SCHOOL715 N LAPEER RD LAKE ORION, MI 48362	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT ROAD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,323
CENTER FOR LAND REFORM INC 111 E COURT ST SUITE 2C-1 FLINT, MI 48502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINT INSTITUTE OF ARTS 1120 E KEARSLEY ST FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HURLEY FOUNDATION ONE HURLEY PLAZA FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1401 S GRAND TRAVERSE FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1401 S GRAND TRAVERSE FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FLINT CITY PITS923 OAK STREET FLINT, MI 48503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FLINT CULTURAL CENTER CORPORATION I 1310 E KEARSLEY ST FLINT, MI 48503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINT CITY PITS923 OAK STREET FLINT, MI 48503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LUKE M POWERS CATHOLIC HIGH SCHOOL 1505 WEST COURT ST FLINT, MI 48503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FLINT DIAPER BANK INC 5190 EXCHANGE DR FLINT, MI 48507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4205 E COURT STREET BURTON, MI 48509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	188
BOY SCOUTS OF AMERICA 4205 E COURT STREET BURTON, MI 48509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GENESEE COUNTY HUMANE SOCIETY PO BOX 190138 BURTON, MI 48519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SUPPORT GROUP OF GENESEE COU 4476 S DORT HWY BURTON, MI 48529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 2413 S LINDEN ROAD SUITE A FLINT, MI 48532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
AMERICAN CANCER SOCIETY INC 2413 S LINDEN ROAD SUITE A FLINT, MI 48532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2413 S LINDEN ROAD SUITE A FLINT, MI 48532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	578
MID-MICHIGAN CHILDRENS MUSEUM PO BOX 2283 SAGINAW, MI 48605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
CITY RESCUE MISSION OF SAGINAW INC PO BOX 548 SAGINAW, MI 48606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION OF SAGINAW INC PO BOX 548 SAGINAW, MI 48606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
DIAPER ALLIANCE INC 3700 JAMES SAVAGE ROAD MIDLAND, MI 48642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CITY RESCUE MISSION OF SAGINAW INC 713 NINTH ST BAY CITY, MI 48708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION OF SAGINAW INC 713 NINTH ST BAY CITY, MI 48708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
YOUNG MENS CHRISTIAN ASSOCIATION OF 2306 HASLETT ROAD EAST LANSING, MI 48823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
OPPORTUNITIES UNLIMITED FOR THE BLI 4175 WESTBROOK ROAD IONIA, MI 48846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,552
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,290
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE FIRST TEE OF MID MICHIGAN 1526 MOUNT HOPE AVE LANSING, MI 48910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 LONG BLVD LANSING, MI 48911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1800 E GRAND RIVER AVENUE LANSING, MI 48912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
AMERICAN NATIONAL RED CROSS 1800 E GRAND RIVER AVENUE LANSING, MI 48912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET SUITE 200 LANSING, MI 48912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ELES PLACE INC1145 W OAKLAND AVE LANSING, MI 48915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ELES PLACE INC1145 W OAKLAND AVE LANSING, MI 48915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE MICHIGAN 600 WEST ST JOSEPH LANSING, MI 48933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF THE MICHIGAN 600 WEST ST JOSEPH LANSING, MI 48933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF THE MICHIGAN 600 WEST ST JOSEPH LANSING, MI 48933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANSING ART GALLERY INC 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,675
LANSING ART GALLERY INC 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LANSING ART GALLERY INC 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST DAY SHOE FUNDPO BOX 2751 KALAMAZOO, MI 49003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WESTERN MICHIGAN UNIVERSITY FOUNDAT 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,250
WESTERN MICHIGAN UNIVERSITY FOUNDAT 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN MICHIGAN UNIVERSITY FOUNDAT 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
LUMEN CHRISTI CATHOLIC HIGH SCHOOL 3483 SPRING ARBOR RD JACKSON, MI 49203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,482
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKFORD PARENT & BOOSTER ORGANIZAT 350 N MAIN ST ROCKFORD, MI 49341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS AMERICA 2900 WILSON AVE SW SUITE 500 GRANDVILLE, MI 49418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BENJAMINS HOPE15468 RILEY STREET HOLLAND, MI 49424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JENISON PUBLIC SCHOOLS 8375 20TH AVE JENISON, MI 49428	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF GRAND RAPIDS PARKS PO BOX 3199 GRAND RAPIDS, MI 49501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 129 JEFFERSON AVENUE SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF KENT COUNTY INC 180 OTTAWA AVE NW SUITE 5200 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY ST SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY ST SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS STUDENT ADVANCEMENT FO C/O GRAND RAPIDS STUDENT ADVANCEMEN FOUNDATION GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GRAND RAPIDS STUDENT ADVANCEMENT FO C/O GRAND RAPIDS STUDENT ADVANCEMEN FOUNDATION GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY ST SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF KENT COUNTY INC 180 OTTAWA AVE NW SUITE 5200 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MAKE-A-WISH FOUNDATION OF MICHIGAN 648 MONROE AVE NW SUITE 104 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 129 JEFFERSON AVENUE SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY ST SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
OUR HOPE ASSOCIATION 324 LYON ST NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
GRAND RAPIDS SYMPHONY SOCIETY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
KIDS FOOD BASKET 2055 OAK INDUSTRIAL DR NE STE C GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2922 FULLER AVE NE SUITE B107 GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
KIDS FOOD BASKET 2055 OAK INDUSTRIAL DR NE STE C GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIDS FOOD BASKET 2055 OAK INDUSTRIAL DR NE STE C GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS FOOD BASKET 2055 OAK INDUSTRIAL DR NE STE C GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
KIDS FOOD BASKET 2055 OAK INDUSTRIAL DR NE STE C GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EXALTA HEALTH2060 DIVISION S GRAND RAPIDS, MI 49507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 4595 BROADMOOR AVE SE SUITE 230 KENTWOOD, MI 49512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 4595 BROADMOOR AVE SE SUITE 230 KENTWOOD, MI 49512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
EQUINE ASSISTED DEVELOPMENT 3224 32ND ST SE GRAND RAPIDS, MI 49512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE ASSISTED DEVELOPMENT 3224 32ND ST SE GRAND RAPIDS, MI 49512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
EQUINE ASSISTED DEVELOPMENT 3224 32ND ST SE GRAND RAPIDS, MI 49512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FOREST HILLS PTO & BOOSTERS COUNCIL 3801 LEONARD ST GRAND RAPIDS, MI 49525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 3940 PENINSULAR DR SE SUITE 180 GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
JUNIOR ACHIEVEMENT OF THE MICHIGAN 741 KENMOOR SE STE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF THE MICHIGAN 741 KENMOOR SE STE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,396
ARTS FOR ALL OF NORTHERN MICHIGAN PO BOX 4212 TRAVERSE CITY, MI 49685	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD NEIGHBORS FOOD PANTRY OF BOYNE PO BOX 35 BOYNE CITY, MI 49712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,450
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMPSON COLLEGE701 N C ST INDIANOLA, IA 50125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MEALS FROM THE HEARTLAND 357 LINCOLN STREET WEST DES MOINES, IA 50265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MEALS FROM THE HEARTLAND 357 LINCOLN STREET WEST DES MOINES, IA 50265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,027
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 5000 WESTOWN PKWY SUITE 340 WEST DES MOINES, IA 50266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PLANNED PARENTHOOD OF THE HEARTLAND PO BOX 4557 DES MOINES, IA 50305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF IOWAPO BOX 1517 DES MOINES, IA 50305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PLANNED PARENTHOOD OF THE HEARTLAND PO BOX 4557 DES MOINES, IA 50305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOOD BANK OF IOWAPO BOX 1517 DES MOINES, IA 50305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COUNCIL FOR SOCIAL CONCERN 601 GRAND AVE DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING JR PARKWAY DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1717 INGERSOLL AVE STE 111 DES MOINES, IA 50309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
POLK COUNTY HOUSING TRUST FUND 505 - 5TH AVENUE SUITE 1000 DES MOINES, IA 50309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,500
POLK COUNTY HOUSING TRUST FUND 505 - 5TH AVENUE SUITE 1000 DES MOINES, IA 50309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY THE CHILDRENS CHARITY OF IO 505 FIFTH AVENUE SUITE 310 DES MOINES, IA 50309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VARIETY THE CHILDRENS CHARITY OF IO 505 FIFTH AVENUE SUITE 310 DES MOINES, IA 50309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN RD DES MOINES, IA 50310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SERVICES IN IOWA INC 3125 COTTAGE GROVE AVE DES MOINES, IA 50311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LUTHERAN SERVICES IN IOWA INC 3125 COTTAGE GROVE AVE DES MOINES, IA 50311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
LUTHERAN SERVICES IN IOWA INC 3125 COTTAGE GROVE AVE DES MOINES, IA 50311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,875
EASTER SEAL SOCIETY OF IOWA INC 401 NE 66TH AVENUE DES MOINES, IA 50313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION FOR CHILDREN AND FAMILIE 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID AVE DES MOINES, IA 50317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 2704 FLEUR DRIVE SUITE A DES MOINES, IA 50321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PREVENT CHILD ABUSE IOWA 2704 FLEUR DRIVE SUITE 200 DES MOINES, IA 50321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DES MOINES PASTORIAL COUNSELING CEN 8553 URBANDALE AVE URBANDALE, IA 50322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,540
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIVE COMMUNITY SERVICES 2190 NW 82ND ST STE A CLIVE, IA 50325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WALDORF LUTHERAN COLLEGE FOUNDATION 106 S 6TH STREET FOREST CITY, IA 50436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDORF LUTHERAN COLLEGE FOUNDATION 106 S 6TH STREET FOREST CITY, IA 50436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHWESTERN COLLEGE 101 7TH ST SW ORANGE CITY, IA 51041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
GIGIS PLAYHOUSE INC 835 B GORDON DRIVE SIOUX CITY, IA 51101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST CHRISTIAN CHURCH OF THE CITY 20794 HIGHWAY 92 COUNCIL BLUFFS, IA 51503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RAPTOR RESOURCE PROJECT 119 WINNEBAGO STREET DECORAH, IA 52101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52242	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA CHI EDUCATIONAL FOUNDATION IN 314 CHURCH ST IOWA CITY, IA 52244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAYPOINT SERVICES FOR WOMEN CHILDRE 318 5TH ST SE CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYPOINT SERVICES FOR WOMEN CHILDRE 318 5TH ST SE CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GREATER CEDAR RAPIDS COMMUNITY FOUN 324 3RD ST SE CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IWLC501 FIRST ST SE STE 200 CEDAR RAPIDS, IA 52401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN IOWA ARTS ACADEMY 1841 E AVENUE NE CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
EASTERN IOWA ARTS ACADEMY 1841 E AVENUE NE CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 4080 FIRST AVE NE STE 101 CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1026 A AVENUE NE-SUITE 113 CEDAR RAPIDS, IA 52406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JDRF INTERNATIONAL 1026 A AVENUE NE-SUITE 113 CEDAR RAPIDS, IA 52406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 1026 A AVENUE NE-SUITE 113 CEDAR RAPIDS, IA 52406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN CHRISTIAN ORTHODOX NETWORK C P O BOX 552 BETTENDORF, IA 52722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLEASANT VALLEY HIGH SCHOOL 604 BELMONT RD BETTENDORF, IA 52722	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LITTLE LEAGUE BASEBALL INC 505 W DOVER COURT DAVENPORT, IA 52803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HUMILITY OF MARY HOUSING INCORPORAT 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMILITY OF MARY HOUSING INCORPORAT 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
HABITAT FOR HUMANITY INTERNATIONAL 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN DIABETES ASSOCIATION INC 375 BISHOPS WAY SUITE 220 BROOKFIELD, WI 53005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 400 S EXECUTIVE DR STE 109 BROOKFIELD, WI 53005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,139
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,998
HOMETOWN HEROES INC 983 BADGER CIRCLE GRAFTON, WI 53024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MELS PIG ROAST885 BADGER CIRCLE GRAFTON, WI 53024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLF FORE WOLFE & A CURE INC W134 N6625 LILLY CREEK DR MENOMONEE FALLS, WI 53051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,220
MEQUON-THIENSVILLE EDUCATION FOUNDA PO BOX 514 MEQUON, WI 53092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOMESTEAD SPORTS BOOSTERS INC 8137 W POPLAR DRIVE MEQUON, WI 53097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTH C 1545 HOBBS DRIVE DELAVAN, WI 53115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BIG BROTHERS BIG SISTERS OF SOUTH C 1545 HOBBS DRIVE DELAVAN, WI 53115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LAKELAND ANIMAL WELFARE SOCIETY INC PO BOX 1000 ELKHORN, WI 53121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND ANIMAL WELFARE SOCIETY INC PO BOX 1000 ELKHORN, WI 53121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVE WAUKESHA, WI 53186	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 804 BLUEMOUND ROAD WAUKESHA, WI 53188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST HIGH3301 SAYLESVILLE ROAD WAUKESHA, WI 53189	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UWM FOUNDATION INC 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UWM FOUNDATION INC 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	800
UWM FOUNDATION INC 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	800
TEENS GROW GREENS INC 322 EAST MICHIGAN STREET SUITE 204 MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF MET 788 N JEFFERSON ST STE 600 MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MILWAUKEE FILM INC 229 E WISCONSIN AVE STE 200 MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVENUE SUITE 600 MILWAUKEE, WI 53203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,062
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVENUE SUITE 600 MILWAUKEE, WI 53203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVENUE SUITE 600 MILWAUKEE, WI 53203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MILWAUKEE RIVERKEEPER 600 E GREENFIELD AVE MILWAUKEE, WI 53204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE OF MILWAUKEE INC 209 W ORCHARD ST MILWAUKEE, WI 53204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MILWAUKEE RIVERKEEPER 600 E GREENFIELD AVE MILWAUKEE, WI 53204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ACTS COMMUNITY DEVELOPMENT CORPORAT 2414 WEST VLIET MILWAUKEE, WI 53205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EX FABULA INC206 E SMITH ST MILWAUKEE, WI 53207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EX FABULA INC206 E SMITH ST MILWAUKEE, WI 53207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EX FABULA INC206 E SMITH ST MILWAUKEE, WI 53207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOPS CLUB INC4575 S 5TH STREET MILWAUKEE, WI 53207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	38
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1555 N RIVERCENTER DRIVE SUITE 212 MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RIVERWEST FOOD PANTRY INC 2610 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERWEST FOOD PANTRY INC 2610 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYNTHIA S BREAST CANCER GIVING CIRC PO BOX 76083 MILWAUKEE, WI 53216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYNTHIA S BREAST CANCER GIVING CIRC PO BOX 76083 MILWAUKEE, WI 53216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DIVINE SAVIOR HOLY ANGELS HIGH SCHO 4257 NORTH 100TH STREET MILWAUKEE, WI 53222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVINE SAVIOR HOLY ANGELS HIGH SCHO 4257 NORTH 100TH STREET MILWAUKEE, WI 53222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMBERS LAST PROMISE INC 7353 W FOREST HOME AVE 20934 GREENFIELD, WI 53228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AURORA HEALTH CARE FOUNDATION INC 950 NORTH 12TH STREET SUITE A627 MILWAUKEE, WI 53233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VINCE LOMBARDI CANCER FOUNDATION IN 950 N 12TH STREET MILWAUKEE, WI 53233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF WISCONSIN FOUNDATION 2305 PLEASANT VIEW ROAD MIDDLETON, WI 53562	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF WISCONSIN FOUNDATION 2305 PLEASANT VIEW ROAD MIDDLETON, WI 53562	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CARBONE CANCER CENTER IN ONE EAST MAIN STREET SUITE 500 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MADISON ROTARY FOUNDATION 2 S CARROLL ST STE 255 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
YWCA MADISON INC101 E MIFFLIN MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRWIN A AND ROBERT D GOODMAN COMMUN 214 WAUBESA ST MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
IRWIN A AND ROBERT D GOODMAN COMMUN 214 WAUBESA ST MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	292
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTREACH INC 2701 INTERNATIONAL LANE SUITE 101 MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VERA COURT NEIGHBORHOOD CENTER INC 614 VERA CT MADISON, WI 53704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VERA COURT NEIGHBORHOOD CENTER INC 614 VERA CT MADISON, WI 53704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARITIES 2716 MARSHALL COURT MADISON, WI 53705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WISCONSIN PUBLIC RADIO ASSOCIATION WISCONSIN PUBLIC RADIO MADISON, WI 53706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	540
WISCONSIN PUBLIC RADIO ASSOCIATION WISCONSIN PUBLIC RADIO MADISON, WI 53706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DANE COUNTY 1818 W BELTLINE HWY MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEXT STEP MINISTRIES INC 717 POST ROAD MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
HABITAT FOR HUMANITY INTERNATIONAL 3101 LATHAM DRIVE MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MADISONS PUBLIC SCHO 101 NOB HILL ROAD SUITE 300 MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF WISCONSIN INC 2800 ROYAL AVENUE SUITE 207 MONONA, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PORCHLIGHT INC 306 NORTH BROOKS STREET MADISON, WI 53715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	855
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2850 DAIRY DRIVE STE 300 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 2820 WALTON COMMONS STE 132 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON AREA PRESCHOOL INC 1025 MCKENNA BLVD MADISON, WI 53719	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES INC 702 S HIGH POINT ROAD STE 201 MADISON, WI 53719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 434 S YELLOWSTONE DR SUITE 201 MADISON, WI 53719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,326
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,300
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,700
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,450
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO STOMACH FOR CANCER INC PO BOX 46070 MADISON, WI 53744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HAND-N-HAND OF NORTHEASTERN WISCONS 5403 OAK ORCHARD RD ABRAMS, WI 54101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER GREEN BAY YMCA INC 12101 Y CAMP ROAD SURING, WI 54174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BROWN COUNTY MEDICAL SOCIETY ALLIAN N9349 ABITZ LANE DYCKESVILLE, WI 54217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DOOR COUNTY COMMUNITY FOUNDATION IN 222 NORTH THIRD AVENUE STURGEON BAY, WI 54235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY INC 2801 S WEBSTER AVE GREEN BAY, WI 54301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEAVENS TOUCH MINISTRIES INC 1043 WESTERN AVE GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,155
HEAVENS TOUCH MINISTRIES INC 1043 WESTERN AVE GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME DE LA BAIE FOUNDATION IN 610 MARYHILL DR GREEN BAY, WI 54303	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR CHILDHOOD SAFETY INC 842 S MILITARY AVE GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF GREEN BAY INC 1400 LOMBARDI AVENUE STE 60 GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD-SUAMICO SCHOOL DISTRICT 2706 LINEVILLE ROAD GREEN BAY, WI 54313	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
MIDWEST HORSE WELFARE FOUNDATION IN 10990 STATE HWY 73 PITTSVILLE, WI 54466	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MIDWEST HORSE WELFARE FOUNDATION IN 10990 STATE HWY 73 PITTSVILLE, WI 54466	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDBUILDERS INC1200 3RD ST STEVENS POINT, WI 54481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SISTERS OF ST JOSEPH THIRD ORDER OF 1300 MARIA DR STEVENS POINT, WI 54481	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,500
BOULDER JUNCTION PUBLIC LIBRARY 5392 PARK STREET PO BOX 9 BOULDER JUNCTION, WI 54512	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN CHICAGO 13400 CAMP NAWAKWA LANE LAC DU FLAMBEAU, WI 54538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
LAKELAND RETIREMENT FOUNDATION LTD PO BOX 1815 WOODRUFF, WI 54568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPERATION HOMEFRONT INC 2615 COMMERCE ST LA CROSSE, WI 54603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETHINK ADDICTION RUN WALK INC PO BOX 631 OSHKOSH, WI 54901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EXPERIMENTAL AIRCRAFT ASSOCIATION I PO BOX 3086 OSHKOSH, WI 54903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 515 SOUTH WASHBURN SUITE 201 OSHKOSH, WI 54904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER CATHOLIC SCHOOL S 101 E NORTHLAND AVENUE APPLETON, WI 54911	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF WISCONSIN 100 WCOLLEGE AVE STE 50E APPLETON, WI 54911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
WISCONSIN UPPER MICHIGAN KIWANIS DI 571 CENTER ST BERLIN, WI 54923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN UPPER MICHIGAN KIWANIS DI 571 CENTER ST BERLIN, WI 54923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIPON COLLEGE BOARD OF TRUSTEES OF 300 WEST SEWARD STREET RIPON, WI 54971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
RIPON COLLEGE BOARD OF TRUSTEES OF 300 WEST SEWARD STREET RIPON, WI 54971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE HEALTH SYSTEM FOUNDATIO 1995 E RUM RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,900
JAMES J HILL CENTER 80 WEST FOURTH STREET SAINT PAUL, MN 55102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES J HILL CENTER 80 WEST FOURTH STREET SAINT PAUL, MN 55102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN LUNG ASSOCIATION 490 CONCORDIA AVENUE ST PAUL, MN 55103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE W STE 415 ST PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MAKE-A-WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE W STE 415 ST PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FELINE RESCUE INC 593 FAIRVIEW AVE N SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE W ST PAUL, MN 55104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIVIENNES JOY FOUNDATION 1043 GRAND AVE 111 SAINT PAUL, MN 55105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LISTENING HOUSE OF ST PAUL INC 464 MARIA AVE ST PAUL, MN 55106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPEN WORLD LEARNING SECONDARY 640 HUMBOLDT AVENUE SAINT PAUL, MN 55107	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING HAITI2629 S SHORE BLVD SAINT PAUL, MN 55110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE, MN 55113	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,852
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,963
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
ST JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST PAUL, MN 55118	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD STE 100 EAGAN, MN 55121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,900
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD STE 100 EAGAN, MN 55121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SCLERODERMA FOUNDATION MINNESOTA CH PO BOX 240244 APPLE VALLEY, MN 55124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERCONGREGATION COMMUNITIES ASSOC 12990 ST DAVIDS ROAD MINNETONKA, MN 55305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ASSOC FOR THE EDUCATION OF 13570 GROVE DRIVE 302 MAPLE GROVE, MN 55311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
TRUE FRIENDS13172 5TH ST NW COKATO, MN 55321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORONO HOCKEY BOOSTERS INC 7205 BUCKSKIN TRAIL CORCORAN, MN 55340	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HAITI OUTREACH50 9TH AVE S HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE BLAKE SCHOOL110 BLAKE ROAD S HOPKINS, MN 55343	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKSELAGET6423 CRAIG DR EDEN PRAIRIE, MN 55346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ORONO FOUNDATION FOR EDUCATION PO BOX 124 MAPLE PLAIN, MN 55359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RECYCLE ACROSS AMERICA 4337 WILSHIRE BLVD MOUND, MN 55364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE PEOPLE OF AMERICA INC 14453 CASTLEGATE WAY NORTHWEST PRIOR LAKE, MN 55372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LITTLE PEOPLE OF AMERICA INC 14453 CASTLEGATE WAY NORTHWEST PRIOR LAKE, MN 55372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
RIDGEVIEW FOUNDATION 490 S MAPLE ST SUITE 110 WACONIA, MN 55387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,076
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300 MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	938
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN YOUR HEARTS TO THE HUNGRY AND 314 CLIFTON AVENUE SUITE C100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT SUCCESS-STUDENTS UNDERTAKIN 1 GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,745
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,440
SMILE NETWORK INTERNATIONAL 108 WEST 14TH STREET MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	735
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SUCCESS-STUDENTS UNDERTAKIN 1 GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SMILE NETWORK INTERNATIONAL 108 WEST 14TH STREET MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72,000
BANYAN FOUNDATION2529 13TH AVE S MINNEAPOLIS, MN 55404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY OF LAKES COMMUNITY LAND TRUST 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYCE PRESCHOOL3400 PARK AVENUE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HER VOICE PRODUCTIONS 3901 CHICAGO AVE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HER VOICE PRODUCTIONS 3901 CHICAGO AVE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HANDS ANIMAL RESCUE 3732 10TH AVE S MINNEAPOLIS, MN 55407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ABBOTT NORTHWESTERN HOSPITAL FOUNDA 800 EAST 28TH ST MR 16509 MINNEAPOLIS, MN 55407	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
PILLSBURY UNITED COMMUNITIES 125 WEST BROADWAY SUITE 130 MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN CITIES RISE1301 BRYANT AVE N MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
UPPER MIDWEST ORGAN PROCUREMENT ORG 2225 WEST RIVER ROAD WEST MINNEAPOLIS, MN 55411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF MINNESOTA 615 FIRST AVE NE SUITE 415 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
LEUKEMIA & LYMPHOMA SOCIETY INC 1711 BROADWAY STREET NE MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN TWIN CITIES INC 3433 BROADWAY ST NE MINNEAPOLIS, MN 55413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 2025 EAST RIVER PKWY MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 2500 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL MINNESOTA 1901 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NATURE CONSERVANCY 1101 W RIVER PKWY STE 200 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1101 W RIVER PKWY STE 200 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BENILDE-ST MARGARET'S SCHOOL 2501 HIGHWAY 100 ST LOUIS PARK, MN 55416	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MINNEAPOLIS PARKS FOUNDATION 4800 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PCD KS FOUNDATION 10137 PORTLAND AVE S MINNEAPOLIS, MN 55420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRASER2400 W 64TH ST MINNEAPOLIS, MN 55423	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 3001 METRO DRIVE SUITE 100 BLOOMINGTON, MN 55425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIZ LOGELIN FOUNDATION PO BOX 26366 ST LOUIS PARK, MN 55426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DODOMA TANZANIA HEALTH DEVELOPMENT 8085 WAYZATA BLVD STE 103 GOLDEN VALLEY, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL ATAXIA FOUNDATION INC 600 HWY 169 S STE 1725 MINNEAPOLIS, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	178
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,520
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,330
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,025
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 4701 W 77TH STREET MINNEAPOLIS, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 960 SOUTHDALE CENTER EDINA, MN 55435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	363
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACER CENTER INC 8161 NORMANDALE BOULEVARD MINNEAPOLIS, MN 55437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,178
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 7900 W 78TH STREET SUITE 100 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE 26 MINNEAPOLIS, MN 55454	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN SQUASH TWIN CITIES 123 HARVARD ST SE MINNEAPOLIS, MN 55455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIFT OF ADOPTION FUND INC PO BOX 581013 MINNEAPOLIS, MN 55458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LUTHERAN SOCIAL SERVICE OF MINNESOT 424 W SUPERIOR ST SUITE 204 DULUTH, MN 55802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	273
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,590
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF MINNES 3300 LONDON RD DULUTH, MN 55804	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF DULUTH INC 4031 GRAND AVE DULUTH, MN 55807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF DULUTH INC 4031 GRAND AVE DULUTH, MN 55807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BETHANY CRISES SHELTER 9239 IDAHO STREET DULUTH, MN 55808	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
STELLA MARIS ACADEMY2802 E 4TH ST DULUTH, MN 55812	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,150
CHOICE UNLIMITED 1829 E SUPERIOR ST DULUTH, MN 55812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ROSARY SCHOOL 2802 EAST 4TH STREET DULUTH, MN 55812	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	130
GIFT OF LIFE INC705 2ND ST SW ROCHESTER, MN 55902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED STATES OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA, MN 56007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN PO BOX 6051 ALBERT LEA, MN 56007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ANNA MARIES ALLIANCEPO BOX 367 ST CLOUD, MN 56302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KINSHIP PARTNERS INCPO BOX 642 BRAINERD, MN 56401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE LINCOLN HIGH SCHOOL BANDPARENTS 312 S CONKLIN A SIOUX FALLS, SD 57103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF SOUTH DAK 409 NORTH WESTERN AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOME SOCIETY OF SOUTH DAK 409 NORTH WESTERN AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
RIVERE FOUNDATION 17 S RIVERVIEW HEIGHTS SIOUX FALLS, SD 57105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4904 S TECHNOPOLIS DR SIOUX FALLS, SD 57106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	620
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	70
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	85
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SALVATION ARMY304 ROBERTS ST FARGO, ND 58012	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,575
SPARTAN BOOSTERS INC 801 17TH AVE N FARGO, ND 58102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MAKE-A-WISH FOUNDATION OF NORTH DAK 41 43 26TH AVENUE SOUTH STE 104 FARGO, ND 58104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH DAKOTA VETERANS HOME FOUNDATI 419 N 7TH STREET GRAND FORKS, ND 58203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONTANA FAMILY INSTITUTE INC PO BOX 485 LAUREL, MT 59044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY PROMISE OF YELLOWSTONE VALLE 10 SOUTH 26TH STREET BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	594
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3010 11TH AVE NORTH BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,215
BIKE NETPO BOX 2416 BILLINGS, MT 59103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE NETPO BOX 2416 BILLINGS, MT 59103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS CRISIS PREGNANCY CENTER IN PO BOX 80146 BILLINGS, MT 59108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
MONTANA AUDUBONPO BOX 595 HELENA, MT 59624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAVE THE GRIZZLY BEAR INC 80 BOZEMAN HILL RD BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DRIVE SUITE A BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
SAVE THE GRIZZLY BEAR INC 80 BOZEMAN HILL RD BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DRIVE SUITE A BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	890
THE FOUNDATION FOR NORTH AMERICA WI 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR NORTH AMERICA WI 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTINEL HIGH SCHOOL 901 SOUTH AVE W MISSOULA, MT 59801	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
MISSOULA PUBLIC LIBRARY FOUNDATION 301 E MAIN ST MISSOULA, MT 59802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WATSON CHILDRENS SHELTER INC 4978 BUCKHOUSE LANE MISSOULA, MT 59804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
GARDEN CITY HARVEST INC PO BOX 205 MISSOULA, MT 59806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC PO BOX 8951 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MTB MISSOULAPO BOX 8233 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	956
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS FOR A BETTER FLATHEAD 14 3RD STREET EAST SUITE 240 KALISPELL, MT 59901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FOUNDATION FOR CHILDREN IN NEED INC 725 N PINE AVE ARLINGTON HEIGHTS, IL 60004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ST VIATOR HIGH SCHOOL 1213 E OAKTON STREET ARLINGTON HTS, IL 60004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 617 E GOLF ROAD SUITE 101 ARLINGTON HEIGHTS, IL 60005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE CITIZENS FOUNDATION USA 2425 TOUHY AVENUE ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CITIZENS FOUNDATION USA 2425 TOUHY AVENUE ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
THE HUMAN DEVELOPMENT FOUNDATION OF 2775 ALGONQUIN RD STE 240 ROLLING MEADOWS, IL 60008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN MUSLIM HEALTH PROFESSIONAL 2118 PLUM GROVE ROAD SUITE 201 ROLLING MEADOWS, IL 60008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI OF MCHENRY COUNTY ILLINOIS 620 DAKOTA STREET CRYSTAL LAKE, IL 60012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CROHNS & COLITIS FOUNDATION INC 2200 EAST DEVON AVENUE SUITE 351 DES PLAINES, IL 60018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST ELEM SCHOOL 1375 S FIFTH AVE DES PLAINES, IL 60018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD GLENCOE, IL 60022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD STE 100 GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,094
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA FAMILY ASSOCIATION C/O MARY SCHRAMM 2136 LARKDALE DRIVE GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISERICORDIA FAMILY ASSOCIATION C/O MARY SCHRAMM 2136 LARKDALE DRIVE GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD STE 100 GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,763
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,750
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE COUNTY VETERANS AND FAMILY SER 100 SOUTH ATKINSON GRAYSLAKE, IL 60030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOOVED COMPANION PROJECT 11414 ARMORY RD HEBRON, IL 60034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,180
BOY SCOUTS OF AMERICA 2745 SKOKIE VALLEY RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KIDS RANK1957 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
NORTHWESTERN MEMORIAL HEALTHCARE OFFICE OF PHILANTHROPY 1000 NORTH WESTMORELAND ROAD LAKE FOREST, IL 60045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MCHENRY 4318-B W CRYSTAL LAKE RD MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HOME OF THE SPARROW INC 4209 W SHAMROCK UNIT B MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF GREATER MCHENRY COUNT 4508 PRIME PKWY MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WRIGHT-WAY RESCUE 5915 LINCOLN AVENUE MORTON GROVE, IL 60053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FIGHTING BLINDNESS INC 977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS, IL 60061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KESHET600 ACADEMY DR 130 NORTHBROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALUTE INC18 NORTH BOTHWELL PALATINE, IL 60067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
LITTLE SISTERS OF THE POOR ST JOSEP 80 WEST NORTHWEST HIGHWAY PALATINE, IL 60067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE HARBOUR INC 1440 RENAISSANCE DR STE 240 PARK RIDGE, IL 60068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 100 TRI STATE INTERNATIONAL SUITE 125 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ISA KRANZ FOUNDATION 10310 NORTH CLARK ROAD RICHMOND, IL 60071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PADS TO HOPE INC 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ANIMAL RESCUE EFFORT INC PO BOX 691 SKOKIE, IL 60077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY ST MARTIN COLLEGE PREP 3106 BELVIDERE ROAD WAUKEGAN, IL 60085	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WEAR BLUE RUN TO REMEMBER 13 N GENESEE STREET WAUKEGAN, IL 60085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	150
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
BOYS HOPE GIRLS HOPE 1100 N LARAMIE AVENUE WILMETTE, IL 60091	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE WINNETKA PUBLIC SCHOOLS FOUNDAT PO BOX 97 WINNETKA, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHRISTIAN HERITAGE ACADEMY 315 WAUKEGAN ROAD NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE COUNTY CRISIS CENTER FOR THE P 2710 17TH ST SUITE 100 ZION, IL 60099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTHERN ILLINOIS UNIVERSITY FOUNDA 134 ALTGELD HALL DEKALB, IL 60115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ST MARY CHURCH OF ELGIN 103 SOUTH GIFFORD ST ELGIN, IL 60120	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 56 S GROVE ELGIN, IL 60120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ELGIN COMMUNITY COLLEGE FOUNDATION 1700 SPARTAN DRIVE ELGIN, IL 60123	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FOOD FOR GREATER ELGIN INC 1553 COMMERCE DRIVE ELGIN, IL 60123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
GLEN ELLYN CHILDRENS CHORUS 501 HILL AVE STE 207 GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLIES CORNER FOUNDATION 768 ELM ST GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GLEN ELLYN CHILDRENS CHORUS 501 HILL AVE STE 207 GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DARUL QASIM550 REGENCY DR GLENDALE HEIGHTS, IL 60139	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSCAR MIKE FOUNDATION 21003 RIVER RD MARENGO, IL 60152	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
OSCAR MIKE FOUNDATION 21003 RIVER RD MARENGO, IL 60152	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
HOUSING FORWARD1851 S 9TH AVE MAYWOOD, IL 60153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH HIGH SCHOOL 10900 W CERMAK ROAD WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
ST JOSEPH HIGH SCHOOL 10900 W CERMAK ROAD WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	846
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,085
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
GIGIS PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CALS ALL STAR ANGEL FOUNDATION INC 2422 W MAIN STREET 3B ST CHARLES, IL 60175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS FOR ORPHANSPO BOX 1144 WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DUPAGE HOMEOWNERSHIP CENTER INC 1600 E ROOSEVELT RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EMERSON ELEM SCHOOL 119 S WOODLAWN ST WHEATON, IL 60187	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW UNITED CHURCH OF CHRIST 1420 S GABLES WHEATON, IL 60189	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
KOREAN CHURCH OF CHICAGO INC 1500 W ALGONQUIN RD HOFFMAN ESTATE, IL 60192	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
MUSIC INSTITUTE OF CHICAGO 1702 SHERMAN AVENUE EVANSTON, IL 60201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	945
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 518 DAVIS ST SUITE 205 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR INDEPENDENT FUTURES 1015 DAVIS STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTIONS FOR THE HOMELESS INC 2121 DEWEY AVENUE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EVANSTON COMMUNITY FOUNDATION INC 1560 SHERMAN AVENUE SUITE 535 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEALS AT HOME 1123 EMERSON ST SUITE 213 EVANSTON, IL 60201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EVANSTON SCHOLARS 1234 SHERMAN AVENUE SUITE 214 EVANSTON, IL 60202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,970
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,463
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,943
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
OAK PARK-RIVER FOREST COMMUNITY FOU 1049 LAKE STREET SUITE 204 OAK PARK, IL 60301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,250
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN UNIVERSITY 7900 WEST DIVISION STREET RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRINITY HIGH SCHOOL 7574 DIVISION ST RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DOMINICAN UNIVERSITY 7900 WEST DIVISION STREET RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC DIOCESE OF JOLIET 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	596
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CRETE-MONEE HIGH SCHOOL 1500 SANGAMON ST CRETE, IL 60417	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF WILL COUNTY 701 ESSINGTON RD SUITE 103 JOLIET, IL 60435	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRINITY SERVICES INC 301 VETERANS PARKWAY NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FIRE FOUNDATION 7000 S HARLEM AVE BRIDGEVIEW, IL 60455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO FIRE FOUNDATION 7000 S HARLEM AVE BRIDGEVIEW, IL 60455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ST LAURENCE HIGH SCHOOL 5556 W 77TH ST BURBANK, IL 60459	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOLS COUNT CORPORATION NFP 9550 140TH COURT 112 ORLAND PARK, IL 60462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 17060 OAK PARK AVENUE TINLEY PARK, IL 60477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
WATERLEAF WOMENS CENTER INC 3598 EAST NEW YORK STREET AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
WATERLEAF WOMENS CENTER INC 3598 EAST NEW YORK STREET AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ROSARY HIGH SCHOOL 901 N EDGELAWN DRIVE AURORA, IL 60506	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRENT SOPEL FOUNDATION 141 WOODSTOCK AVE CLARENDON HILLS, IL 60514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH SCHOOL HIGHLAND AND FRANKLIN STREETS DOWNERS GROVE, IL 60515	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
RETT SYNDROME ASSOCIATION OF ILLINO 7325 JANES AVE WOODRIDGE, IL 60517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECONOMIC AWARENESS COUNCIL 703 S STOUGH ST HINSDALE, IL 60521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,882
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	730
SYRIAN AMERICAN MEDICAL SOCIETY-MI 20 BLUE GRASS COURT OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PILLARS COMMUNITY SERVICES 333 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PILLARS COMMUNITY SERVICES 333 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NAZARETH ACADEMY 1209 WEST OGDEN AVENUE LA GRANGE PARK, IL 60526	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAZARETH ACADEMY 1209 WEST OGDEN AVENUE LA GRANGE PARK, IL 60526	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,350
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,950
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROTARY FOUNDATION OF MONTGOMERY IL PO BOX 924 MONTGOMERY, IL 60538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL COLLEGE 30 N BRAINARD ST NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECUMENICAL ADULT CARE OF NAPERVILLE 305 WEST JACKSON AVE NAPERVILLE, IL 60540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ILLINOIS SAINT ANDREW SOCIETY OF TH 2800 DESPLAINES AVE NORTH RIVERSIDE, IL 60546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STEWARD ELEMENTARY SCHOOL PO BOX 76 STEWARD, IL 60553	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALT CREEK BALLET COMPANY 98 E CHICAGO AVE WESTMONT, IL 60559	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BRIDGE COMMUNITIES INC 825 LYNDHURST COURT NAPERVILLE, IL 60563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
INDIAN PRAIRIE EDUCATIONAL FOUNDATI PO BOX 3990 NAPERVILLE, IL 60567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GRANT PARK ORCHESTRAL ASSOCIATION 205 E RANDOLPH ST CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	289
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE MILLION DEGREES 180 N WABASH AVE STE 310 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,345
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ONE MILLION DEGREES 180 N WABASH AVE STE 310 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,015
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	501
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,155
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CYSTIC FIBROSIS FOUNDATION 150 N MICHIGAN AVE SUITE 1550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
WOOD FAMILY FOUNDATION 121 W WACKER DR SUITE 619 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHICAGO COUNCIL ON GLOBAL AFFAIRS 180 N STETSON STE 1400 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROGER BALDWIN FOUNDATION OF ACLU IN 150 N MICHIGAN SUITE 600 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
CHICAGO COUNCIL ON GLOBAL AFFAIRS 180 N STETSON STE 1400 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
WOOD FAMILY FOUNDATION 121 W WACKER DR SUITE 619 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE NETWORK OF CHARTER SCHOOLS 1 N STATE STREET 7-LOWER CHICAGO, IL 60602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DEEPLY ROOTED PRODUCTIONS 17 N STATE STREET 19TH FLOOR CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
YOUTH GUIDANCE 1 NORTH LASALLE STREET SUITE 900 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH GUIDANCE 1 NORTH LASALLE STREET SUITE 900 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
EPILEPSY FOUNDATION OF GREATER CHIC 17 NORTH STATE STREET SUITE 650 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO COMMUNITY LOAN FUND 29 EAST MADISON STREET SUITE 1700 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	422
YWCA METROPOLITAN CHICAGO ONE NORTH LASALLE STREET SUITE 1150 CHICAGO, IL 60602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST THE BEGINNING - A PIPELINE ORG 70 WEST MADISON STE 2900 CHICAGO, IL 60602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
SPARK PROGRAM INC67 E MADISON ST CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DIABETES EDUCATION RESEARCH FOUNDAT 55 E MONROE STREET SUITE 3420 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARK PROGRAM INC67 E MADISON ST CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN SUITE 1400 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET SUITE 1850 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN APPLE FOUNDATION FOR EXCELLE 8 S MICHIGAN AVE SUITE 700 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GOLDEN APPLE FOUNDATION FOR EXCELLE 8 SOUTH MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,500
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,651
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 120 S LASALLE ST 1150 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,075
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MARSHALL LAW SCHOOL 315 SOUTH PLYMOUTH COURT CHICAGO IL 60604 CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	610
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ONE HOPE UNITED 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COUNCIL OF ISLAMIC ORGANIZATIONS OF 231 S STATE STREET SUITE 300 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
IMENTOR 332 S MICHIGAN AVENUE 9TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MIKVA CHALLENGE GRANT FOUNDATION IN 200 S MICHIGAN AVE CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
HEARTLAND ALLIANCE FOR HUMAN NEEDS 208 SOUTH LASALLE STREET SUITE 1300 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
NATIONAL ANTI-VIVISECTION SOCIETY 53 WEST JACKSON BLVDSUITE 1552 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,482
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,037
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,832
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,039
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	805
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
ADLER PLANETARIUM 1300 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATYA DANCE THEATRE 410 S MICHIGAN AVENUE STE 725 CHICAGO, IL 60605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
JONES COLLEGE PREP HIGH SCHOOL 700 S STATE ST CHICAGO, IL 60605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHURCH EXTENSION SOCIETY O 150 S WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HITEC FOUNDATION 444 WEST LAKE STREET SUITE 1940 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
URBAN GATEWAYS 205 W RANDOLPH 1700 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	143
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JEWISH FEDERATION OF METROPOLITAN C 30 S WELLS STREET CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LITTLE LEAGUE BASEBALL INC ONE NORTH WACKER SUITE 4600 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY INVESTMENT CORP 222 SOUTH RIVERSIDE PLAZA SUITE 380 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THOMAS MORE SOCIETY 309 W WASHINGTON STREET SUITE 1250 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRESENCE HEALTH FOUNDATION BOARD OF 200 S WACKER SUITE 1100 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITY OF HOPE 20 NORTH WACKER DRIVE SUITE 1530 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JEWISH FEDERATION OF METROPOLITAN C 30 S WELLS STREET CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	480
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	900
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIT SCHOOL OF MUSIC 38 S PEORIA ST CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHICAGO INTERNATIONAL FILM FESTIVAL 212 W VAN BUREN STREET SUITE 400 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY INTERNATIONAL INC 550 W VAN BUREN SUITE 200 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,547
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHICAGO 815 WEST VAN BUREN SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY FOCUS INC 310 S PEORIA STREET SUITE 404 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES INC 110 N CARPENTER CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
BOYS & GIRLS CLUBS OF CHICAGO INC 550 WEST VAN BUREN STREET SUITE 350 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24,000
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELLMATES ON THE RUN FOUNDATION 1074 W TAYLOR STREET 233 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	569
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BOYS & GIRLS CLUBS OF CHICAGO INC 550 WEST VAN BUREN STREET SUITE 350 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
UMOJA STUDENT DEVELOPMENT CORPORATI 910 W VAN BUREN STREET SUITE 710 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACCION CHICAGO INC 1436 W RANDOLPH STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION CHICAGO INC 1436 W RANDOLPH STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BOY SCOUTS OF AMERICA 1218 W ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN STREET STE 720 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 110 N CARPENTER CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN STREET STE 720 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HOUSING OPPORTUNITIES & MAINTENANCE 1419 WEST CARROLL AVENUE FLOOR 2 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 1914 S ASHLAND CHICAGO, IL 60608	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
LATIN WOMEN IN ACTION 2124 WEST 21ST PLACE CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NOTE KARACEL UGANDA 3338 S ABERDEEN ST CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A SAFE HAVEN FOUNDATION 2750 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RESURRECTION PROJECT 1805 SOUTH ASHLAND AVENUE CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,550
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,800
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CHICAGO FUND ON AGING AND DISABILIT 1111 N WELLS STREET SUITE 307 CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
FRIENDS OF OGDEN SCHOOL INC 24 W WALTON CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBERRY LIBRARY 60 WEST WALTON STREET CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF OGDEN SCHOOL INC 24 W WALTON CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	904
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHILDRENS CHARITIES 1235A N CLYBOURN AVENUE 163 CHICAGO, IL 60610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF CHICAGO INC 1447 N ASTOR STREET CHICAGO, IL 60610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CATHOLIC BISHOP OF CHICAGO 835 N RUSH ST CHICAGO, IL 60611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	955
ANN & ROBERT H LURIE CHILDRENS HOSP 225 EAST CHICAGO AVENUE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANN & ROBERT H LURIE CHILDRENS HOSP 225 EAST CHICAGO AVENUE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOOKINGGLASS THEATRE COMPANY 875 N MICHIGAN AVE SUITE 1330 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	501
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNDRED CLUB OF COOK COUNTY 875 N MICHIGAN AVENUE SUITE 1351 CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS THE RAUNER CENTER 2200 WEST HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS THE RAUNER CNTR 2200 W HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS THE RAUNER CENTER 2200 WEST HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KINZIE INDUSTRIAL DEVELOPMENT CORPO 320 NORTH DAMEN AVENUE CHICAGO, IL 60612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ARTISTS COALITION 2130 W FULTON ST UNIT B CHICAGO, IL 60612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
KINDERGARTEN FUND 3813 N SOUTHPORT AVE UNIT 1S CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KINDERGARTEN FUND 3813 N SOUTHPORT AVE UNIT 1S CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
IMAGINATION THEATRE INC 4001 NORTH RAVENSWOOD AVE SUITE 503C CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	820
CHICAGO HOUSE AND SOCIAL SERVICE AG 1925 N CLYBOURN STE 401 CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,957
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	111
GROWING HOME INC2732 N CLARK 310 CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LINCOLN PARK COMMUNITY SHELTER 600 WEST FULLERTON PARKWAY CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	946
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	342
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPENWOLF THEATER CO 1700 N HALSTED STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,964
ONE TAIL AT A TIME NFP 2144 NORTH WOOD CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
GUS GIORDANOS JAZZ DANCE CHICAGO IN 1754 NORTH CLARK STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TAIL AT A TIME NFP 2144 NORTH WOOD CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,500
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENSHIP EDUCATION FUND 930 EAST 50TH STREET CHICAGO, IL 60615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
SOUTHEAST CHICAGO COMMISSION 1511 EAST 53RD STREET CHICAGO, IL 60615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CHINESE AMERICAN SERVICE LEAGUE INC 2141 S TAN CT CHICAGO, IL 60616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYART NFP3026 EAST 91ST STREET CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYART NFP3026 EAST 91ST STREET CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
LANE TECH ALUMNI ASSOCIATION INC 2501 W ADDISON ROOM 110W CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL PROTECTIVE ASSN PO BOX 18098 CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD BOYS & GIRLS CLUB 2501 W IRVING PARK RD CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGLESBY ELEM SCHOOL 7646 S GREEN ST CHICAGO, IL 60620	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	225
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A NEW DAY CAMBODIA INC 516 N OGDEN AVE 105 CHICAGO, IL 60622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH LAWNDALE COLLEGE PREPARATORY PO BOX 23400 CHICAGO, IL 60623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LAWNDALE CHRISTIAN DEVELOPMENT CORP 3843 W OGDEN AVE CHICAGO, IL 60623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHICAGO YOUTH BOXING CLUB INC 2300 S MILLARD AVE CHICAGO, IL 60623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH LAWNDALE EMPLOYMENT NETWORK 906 S HOMAN AVENUE CHICAGO, IL 60624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
OFF THE STREET CLUB 25 N KARLOV AVENUE CHICAGO, IL 60624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH PARK UNIVERSITY 3225 W FOSTER AVE BOX 6 CHICAGO, IL 60625	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERS TODAY4507 N ARTESIAN AVE CHICAGO, IL 60625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRESHLENS CHICAGO4849 N HOYNE CHICAGO, IL 60625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAMILY MATTERS INC 7731 NORTH MARSHFIELD AVENUE CHICAGO, IL 60626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY MATTERS INC 7731 NORTH MARSHFIELD AVENUE CHICAGO, IL 60626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST PAUL'S CHURCH BY-THE-LAKE 7100 NORTH ASHLAND BOULEVARD CHICAGO, IL 60626	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 5040 NORTH PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 5040 NORTH PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50,000
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CANINE RESCUE FOUNDATION 5272 N ELSTON AVE CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EVANGELICAL LUTHERAN CHURCH IN AMER 8765 WEST HIGGINS ROAD CHICAGO, IL 60631	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,100
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,245
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,190
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF CHICAGO 1362 EAST 59TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF CHICAGO 1111 EAST 60TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF CHICAGO 5839 S MARYLAND AVE MC 4069 CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF CHICAGO 1111 EAST 60TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
METRO SQUASH NFP 6100 S COTTAGE GROVE AVE CHICAGO, IL 60637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
HOPE WORKS COMMUNITY DEVELOPMENT 6414 S COTTAGE GROVE AVENUE CHICAGO, IL 60637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT CARMEL HIGH SCHOOL 6410 SOUTH DANTE AVENUE CHICAGO, IL 60637	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ONWARD NEIGHBORHOOD HOUSE 5413 W DIVERSEY AVE CHICAGO, IL 60639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVENUE CHICAGO, IL 60639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANISH COALITION FOR HOUSING 1922 N PULASKI AVE CHICAGO, IL 60639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
NATIONAL-LOUIS UNIVERSITY 122 S MICHIGAN CHICAGO, IL 60640	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NORTH SIDE HOUSING AND SUPPORTIVE S 4410 N RAVENSWOOD CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SIDE HOUSING AND SUPPORTIVE S 4410 N RAVENSWOOD CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SYRIAN COMMUNITY NETWORK INC 5439 N BROADWAY UNIT 1 CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
JEWISH COUNCIL ON URBAN AFFAIRS 4700 NORTH RAVESWOOD AVE SUITE B CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	962
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MHUB965 W CHICAGO AVE CHICAGO, IL 60642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
NORTHWESTERN UNIVERSITY SETTLEMENT 1400 W AUGUSTA BOULEVARD CHICAGO, IL 60642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
PLAID ACADEMY 2017 WEST 110TH PLACE CHICAGO, IL 60643	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
THE ARK6450 N CALIFORNIA AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	662
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	870
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	326
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BRIGHT PINK NFP 670 N CLARK ST SUITE 2 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	715
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE FOUNDERS FOUNDATION 222 W MERCHANDISE MART PLAZA SUITE 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,151
ACCESS LIVING OF METROPOLITAN CHICA 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS HISPANIC CHAMBER OF COMMER 222 W MERCHANDISE MART PLAZA SUITE 1212 C/O 1871 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PAT TILLMAN FOUNDATION 222 WEST MERCHANDISE MART PLAZA 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRIGHT PINK NFP 670 N CLARK ST SUITE 2 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,245
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BAR ASSOCIATION FUND FOR J 321 N CLARK STREET CHICAGO, IL 60654	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30,000
MARIST HIGH SCHOOL ATTN PAULETTE KARAS - 4200 W 115TH ST CHICAGO, IL 60655	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BR RICE HIGH SCHOOL 10001 S PULASKI ROAD CHICAGO, IL 60655	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARVY J ELEM SCHOOL 5225 N OAK PARK AVE CHICAGO, IL 60656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,850
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,838
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL DISTRICT MISSIONARY C 6355 N WESTERN AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
INDO AMERICAN CENTER INC 6328 N CALIFORNIA AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHICAGO GAY MENS CHORUS 5756 N RIDGE AVE STE 1 CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR ECONOMIC PROGRESS 567 W LAKE ST SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
CENTER FOR ECONOMIC PROGRESS 567 W LAKE ST SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF CHICAGO 651 WEST WASHINGTON BLVD 404 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ABLE NETWORK INC 567 W LAKE SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
WORKING IN THE SCHOOLS 641 WEST LAKE STREET SUITE 200 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN INITIATIVES INC 650 W LAKE 340 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
CHICAGO CHESED FUND INC 7045 N RIDGEWAY AVE LINCOLNWOOD, IL 60712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,820
IQUILT PARTNERSHIP INC 31 PRATT STREET 5TH FLOOR HARTFORD, CT 61013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET SUITE 400 ROCKFORD, IL 61104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE AND RELATED DISO 1111 SOUTH ALPINE ROAD STE 307 ROCKFORD, IL 61108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIDS AROUND THE WORLD INC 4750 HYDRAULIC DRIVE ROCKFORD, IL 61109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THERAPY CENTER OF THE QUA 4450 48TH AVENUE COURT ROCK ISLAND, IL 61201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS THERAPY CENTER OF THE QUA 4450 48TH AVENUE COURT ROCK ISLAND, IL 61201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ROYAL BALL RUN FOR AUTISM INC 3040 SYCAMORE LANE MILAN, IL 61264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ABUSE COUNCIL524 15TH ST MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1100 RIVER DRIVE MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ORION HIGH SCHOOLPO BOX 39 ORION, IL 61273	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 401 NE ADAMS ST PEORIA, IL 61603	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 4234 N KNOXVILLE STE B PEORIA, IL 61614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ROAD RUNNERS CLUB OF AMERICA 4722 NORTH SHERIDAN RD PEORIA, IL 61614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST FOOD BANK NFP INC 9005 N INDUSTRIAL PEORIA, IL 61615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ST THOMAS THE APOSTLE ROMAN CATHOLI 904 E LAKE AVE PEORIA HEIGHTS, IL 61616	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY OF MCLEAN COUN 103 W JEFFERSON ST BLOOMINGTON, IL 61701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 207 S PROSPECT RD STE1 BLOOMINGTON, IL 61704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	165
MICHAEL COLLINS FOUNDATION PO BOX 19 HUDSON, IL 61748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	904
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF CHAMPAIGN-URBANA NFP 509 S FOURTH ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,180
DON MOYER BOYS & GIRLS CLUB 201 E PARK ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ILLINOIS UNIVERSITY EDWARD CAMPUS BOX 1082 EDWARDSVILLE, IL 62026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,600
SNIP ALLIANCE 17 JUNCTION DRIVE NUMBER 215 GLEN CARBON, IL 62034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SNIP ALLIANCE 17 JUNCTION DRIVE NUMBER 215 GLEN CARBON, IL 62034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ANIMAL RESCUESPO BOX 397 GODFREY, IL 62035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,725
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOYLETON YOUTH AND FAMILY SERVICES 8 EXECUTIVE DR FAIRVIEW HEIGHTS, IL 62208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED CHURCH OF CHRIST 4290 STONE CHURCH ROAD ADDIEVILLE, IL 62214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 62220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 62220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARINE TOYS FOR TOTS FOUNDATION 3220 WEST BOULVARD BELLEVILLE, IL 62221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
U S PROVINCE OF THE MISSIONARY OBLA 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVILLE AREA HUMANE SOCIETY 1301 SOUTH 11TH STREET BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUR LADY QUEEN OF PEACE SCHOOL 5915 N BELT WEST BELLEVILLE, IL 62223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLUMBIA MIDDLE SCHOOL 100 EAGLE DRIVE COLUMBIA, IL 62236	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR SYNDACTYLY 42 WEST MAIN PO BOX 159 MASCOUTAH, IL 62258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GATEWAY CONFLUENCE WHEELCHAIR SPORT 402 W OAK ST MILLSTADT, IL 62260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUMAN SUPPORT SERVICES988 N IL-3 WATERLOO, IL 62298	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIBAULT CATHOLIC HIGH SCHOOL 501 COLUMBIA AVE WATERLOO, IL 62298	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIBAULT CATHOLIC HIGH SCHOOL 501 COLUMBIA AVE WATERLOO, IL 62298	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
SALVATION ARMY NATIONAL CORP 405 VERMONT ST QUINCY, IL 62301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
QUINCY UNIVERSITY CORPORATION 1800 COLLEGE AVENUE QUINCY, IL 62301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	249
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY NOTRE DAME FOUNDATION 1400 SOUTH 11TH STREET QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HORIZONS SOCIAL SERVICES OF ADAMS C 224 S 8TH ST QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HORIZONS SOCIAL SERVICES OF ADAMS C 224 S 8TH ST QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,632
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE QUINCY 4531 MAINE ST STE A QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
QUINCY HUMANE SOCIETYPO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
QUINCY CONCERT BAND INCPO BOX 82 QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	347
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WEST CENTRAL ILLINOIS HEALTH CORPOR 331 S MAIN ST VIRGINIA, IL 62691	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARC232 N BRUNS LN SPRINGFIELD, IL 62702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 675 E LINTON AVE SPRINGFIELD, IL 62703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNITED CEREBRAL PALSY OF THE LAND O 101 N 16TH SPRINGFIELD SPRINGFIELD, IL 62703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING PAW PROJECT INC 2344 SOUTH SIXTH STREET SPRINGFIELD, IL 62703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CONSORTIUM FOR GRADUATE STUDY IN MA 229 CHESTERFIELD BUSINESS PARKWAY CHESTERFIELD, MO 63005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BREAKDOWN STL 16105 SWINGLEY RIDGE RD 165 CHESTERFIELD, MO 63006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
ROCKWOOD PARENT TEACHER ORGANIZATIO 1425 FROESEL ELLISVILLE, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
ROCKWOOD PARENT TEACHER ORGANIZATIO 1425 FROESEL ELLISVILLE, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GATEWAY REGION YOUNG MENS CHRISTIAN 16464 BURKHARDT PLACE CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER ST LOUIS HONOR FLIGHT INC 36 FOUR SEASONS BOX 272 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER ST LOUIS HONOR FLIGHT INC 36 FOUR SEASONS BOX 272 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOCUS MARINES FOUNDATION 15455 MANCHESTER RD UNIT 476 AUGUSTA, MO 63022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X HIGH SCHOOL 1030 ST PIUS DRIVE FESTUS, MO 63028	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	115
EQUINE-ASSISTED THERAPY INC 3369 HIGHWAY 109 WILDWOOD, MO 63038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RANKEN-JORDAN HOME FOR CONVALESCENT 11365 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	586
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	845
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY COLLEGE FOUNDATI 3221 MCKELVEY SAINT LOUIS, MO 63044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FOCUS ST LOUIS 815 OLIVE STREET STE 110 ST LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
ST LOUIS PUBLIC SCHOOLS FOUNDATION 801 N 11TH STREET ST LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INROADS INC10 SOUTH BROADWAY ST LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,555
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 319 ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 319 ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ARCH CITY DEFENDERS INC 1210 LOCUST ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
A MILLION STARS INC 110 N JEFFERSON ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVENUE ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSIGHT THEATRE COMPANY 3224 LOCUST STREET SUITE 2I SAINT LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAINT LOUIS SYMPHONY ORCHESTRA 718 N GRAND BLVD ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALMOST HOME 3200 ST VINCENT AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALMOST HOME 3200 ST VINCENT AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CRIMINAL JUSTICE MINISTRY 1104 S JEFFERSON AVE SAINT LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
HAWTHORN LEADERSHIP SCHOOL FOR GIRL PO BOX 50059 ST LOUIS, MO 63105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE HAPPENS INC 200 SOUTH HANLEY ROAD STE 1100 CLAYTON, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CLASSICAL GUITAR SOCIETY P O BOX 11425 SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CULTURAL LEADERSHIP INC 225 S MERAMEC AVE SUITE 107 ST LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
BIOSTL7515 FORSYTH BLVD SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 CLAYTON, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LUNG ASSOCIATION 7745 CARONDELET STE 305 SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ANTI-DEFAMATION LEAGUE 222 SOUTH MERAMEC AVENUE SUITE 301 ST LOUIS, MO 63105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWTHORN LEADERSHIP SCHOOL FOUNDATI POST OFFICE BOX 50059 SAINT LOUIS, MO 63105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
RALPH M CAPTAIN ELEM 6345 NORTHWOOD AVE CLAYTON, MO 63105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
DE LA SALLE INC1106 N JEFFERSON ST LOUIS, MO 63106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD NORTH ST LOUIS RESTORATION GROU 2700 N 14TH ST ST LOUIS, MO 63106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR ST LOUIS 3225 N FLORISSANT AVENUE SAINT LOUIS, MO 63107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST MARTHAS HALLPO BOX 4950 SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR CHILDREN 920 NORTH VANDEVENTER ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE LAUNCHCODE FOUNDATION 4811 DELMAR BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZEN ST LOUIS20 S SARAH ST ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INDEPENDENCE CENTER 4245 FOREST PARK AVE SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY RYDER HOME4361 OLIVE ST ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
URBAN LEAGUE OF METROPOLITAN ST LOU 3701 GRANDEL SQUARE ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
CARDINAL GLENNON CHILDRENS FOUNDATI 3800 PARK AVENUE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL GLENNON CHILDRENS FOUNDATI 3800 PARK AVENUE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SSM HEALTH CARDINAL GLENNON CHILDRE 3800 PARK AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 4400 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 4400 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS MIRACLE NETWORK OF GREATE 5700 OAKLAND AVE STE 220 ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PARAQUAD INC5240 OAKLAND AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,201
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,498
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	634
FRIENDS OF TOWER GROVE PARK INC 4256 MAGNOLIA AVENUE ST LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
UNIVERSITY CITY SWIM CLUB 6607 ALABAMA AVE SAINT LOUIS, MO 63111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT RIVERS GREENWAY FOUNDATION 6178 DELMAR BLVD SAINT LOUIS, MO 63112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUNICIPAL THEATRE ASSOCIATION OF ST FOREST PARK ST LOUIS, MO 63112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
EVANGELICAL CHILDRENS HOME 8240 ST CHARLES ROCK ROAD ST LOUIS, MO 63114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EVANGELICAL CHILDRENS HOME 8240 ST CHARLES ROCK ROAD ST LOUIS, MO 63114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MITRATA-NEPAL FOUNDATION FOR CHILDR 3934 ARSENAL ST SAINT LOUIS, MO 63116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 8027 ELINOR AVENUE RICHMOND HEIGHTS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 1034 S BRENTWOOD BLVD STE 1510 ST LOUIS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
DELTA GAMMA CENTER FOR CHILDREN WIT 1750 S BIG BEND BLVD RICHMOND HEIGHTS, MO 63117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA GAMMA CENTER FOR CHILDREN WIT 1750 S BIG BEND BLVD RICHMOND HEIGHTS, MO 63117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NURSES FOR NEWBORNS 7259 LANDSDOWNE AVE SUITE 100 SAINT LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	989
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KWMU INC ONE UNIVERSITY BLVD ST LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY 341 S SAPPINGTON RD ST LOUIS, MO 63122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
COR JESU ACADEMY 10230 GRAVOIS ROAD SAINT LOUIS, MO 63123	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	179
COR JESU ACADEMY 10230 GRAVOIS ROAD SAINT LOUIS, MO 63123	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 63124	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,375
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 63124	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
WOMANS EXCHANGE OF ST LOUIS 8811A LADUE RD ST LOUIS, MO 63124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY PEOPLE171 KINGSTON DR ST LOUIS, MO 63125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUL DOG RESCUEPO BOX 270534 ST LOUIS, MO 63126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COAST GUARD AUXILIARY ASSOCIATION I 9449 WATSON INDUSTRIAL PARK ST LOUIS, MO 63126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATEWAY REGION YOUNG MENS CHRISTIAN 12736 SOUTHFORK RD ST LOUIS, MO 63128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN RETRIEVER FOUNDATION 6095 CLOVERGREEN PLACE SAINT LOUIS, MO 63129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BERNARD MIDDLE1054 FORDER RD ST LOUIS, MO 63129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERNARD MIDDLE1054 FORDER RD ST LOUIS, MO 63129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SHOOTING STAR PRODUCTIONS 830 ORPINGTON COURT SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED ALUMNAE AND ALUMNI OF TH 801 S SPOEDE RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CANCER SUPPORT COMMUNITY OF GREATER 1058 OLD DES PERES RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHOOTING STAR PRODUCTIONS 830 ORPINGTON COURT SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
READY TO LEARN C/O COLOR- ART 1325 N WARSON ROAD ATTENTION ELISE TIERNEY ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE CREVE COEUR, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
NATIONAL COUNCIL ON ALCOHOLISM & DR 9355 OLIVE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE DRIVE SAINT LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AUTISM SPEAKS INC 1121 OLIVETTE EXECUTIVE PARKWAY STE 220 ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DUO DOGS INC10955 LINPAGE PLACE ST LOUIS, MO 63132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 1130 HAMPTON AVENUE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY NATIONAL CORP 1130 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
THE SALVATION ARMY 1130 HAMPTON AVENUE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SAFE CONNECTIONS 2165 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE CONNECTIONS 2165 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONGREGATION BNAI AMOONA 324 SOUTH MASON ROAD SAINT LOUIS, MO 63141	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WHITFIELD SCHOOL INC 175 S MASON ROAD SAINT LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF THE MO SO 540 MARYVILLE CENTRE DR STE 200 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 10425 OLD OLIVE STREET RD SUITE LL1 SAINT LOUIS, MO 63141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWAY C-2715 S MASON ROAD CREVE COEUR, MO 63141	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN OF ST LOUIS 3155 SUTTON BLVD STE 101 MAPLEWOOD, MO 63143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GIRLS ON THE RUN OF ST LOUIS 3155 SUTTON BLVD STE 101 MAPLEWOOD, MO 63143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT COUNSELING ST LOUIS 2525 S BRENTWOOD BLVD SUITE 102 ST LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,130
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,790
GATEWAY REGION YOUNG MENS CHRISTIAN 1900 URBAN DRIVE SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCYPO BOX 440400 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OUR LADYS INN 8790 MANCHESTER ROAD SUITE 202 ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT COUNSELING ST LOUIS 2525 S BRENTWOOD BLVD SUITE 102 ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL PROTECTIVE ASSOCIATION OF MI 1705 S HANLEY RD ST LOUIS, MO 63144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT COPE1845 BORMAN CT SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NAMI ST LOUIS 1810 CRAIG ROAD SUITE 124 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR STE 18 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NAMI ST LOUIS 1810 CRAIG ROAD SUITE 124 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BETA GAMMA SIGMA INC 11814 BORMAN DRIVE SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF CHARACTERPLUS 1460 CRAIG ROAD ST LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR EDUCATIONAL ADVANCEMENT 1460 CRAIG ROAD SAINT LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EMMAUS HOMES INC3731 MUELLER RD SAINT CHARLES, MO 63301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EAGLES WINGSPO BOX 441 SAINT CHARLES, MO 63302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTER CHRISTIAN CHURCH 2950 KINGS CROSSING ST CHARLES, MO 63303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HAPPY HEARTS ANIMAL RESCUE RANCH 474 HIGHWAY FF JONESBURG, MO 63351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUTHERAN HIGH SCHOOL OF ST CHARLES 5100 MEXICO ROAD SAINT PETERS, MO 63376	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 505 N DODGION ST INDEPENDENCE, MO 64050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 600 BROADWAY KANSAS CITY, MO 64105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
RESTART INC918 E 9TH STREET KANSAS CITY, MO 64106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	917
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT ST KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CYSTIC FIBROSIS FOUNDATION 2405 GRAND BLVD KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,975
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	833
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
CAMP FIRE 1801 MAIN STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN NEIGHBORHOOD INITIATIVE INC 2300 MAIN STREET SUITE 180 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 215 W PERSHING ROAD STE300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY BALLET ASSOCIATION 500 WEST PERSHING ROAD KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CREDIT & HOMEOWNERSHIP EMPOWERMENT 3125 GILLHAM PLAZA KANSAS CITY, MO 64109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 3100 BROADWAY ST SUITE 1020 KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY KC3011 BALTIMORE AVE KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 7611 STATE LINE ROAD STE 100 KANSAS CITY, MO 64114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY SUITE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY SUITE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KANSAS CITY HOSPICE FOUNDATION 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PKD FOUNDATION 1001 E 101ST TERRACE STE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST PETER'S PARISH815 E MEYER BLVD KANSAS CITY, MO 64131	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRINGS PWY STE 310 KANSAS CITY, MO 64153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RAPHA HOUSE INTERNATIONAL INC PO BOX 1569 112B S MAIN ST JOPLIN, MO 64802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CTY, MO 65101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CTY, MO 65101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WELCOME HOME INC 2120 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOME HOME INC 2120 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS MIRACLE NETWORK OF GREATE 308 S 9TH ST APT 505 COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
THE FOOD BANK FOR CENTRAL & NORTHEA 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOOD BANK FOR CENTRAL & NORTHEA 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARINEPARENTS COM INCPO BOX 1115 COLUMBIA, MO 65205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CURATORS OF THE UNIVERSITY OF MISSO 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURATORS OF THE UNIVERSITY OF MISSO 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARROW ROCK LYCEUMPO BOX 14 ARROW ROCK, MO 65320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARROW ROCK LYCEUMPO BOX 14 ARROW ROCK, MO 65320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MISSOURI UNIVERSITY OF SCIENCE & TE 1200 NORTH PINE STREET ROLLA, MO 65409	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-OZARK CASA PROGRAM PO BOX 260 CUBA, MO 65453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DREAMCHASER PMU RESCUE ANDREHABILIT 6340 KINCHELOE DR FALCON, MO 65470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NIXA PUBLIC SCHOOLS 301 SOUTH MAIN STREET NIXA, MO 65714	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE OZARKS PO BOX 8960 SPRINGFIELD, MO 65801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GATHERING TREEPO BOX 2364 SPRINGFIELD, MO 65801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR SPRINGFIELD PUBLIC S 1131 BOONVILLE SPRINGFIELD, MO 65802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWEST MISSOURI HUMANE SOCIETY 3161 W NORTON ROAD SPRINGFIELD, MO 65803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 2446 E MADRID SPRINGFIELD, MO 65804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2446 E MADRID SPRINGFIELD, MO 65804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL FISH AND WILDLIFE 500 WEST SUNSHINE SPRINGFIELD, MO 65807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
COMMEMORATIVE AIR FORCE 6 AERO PLAZA NEW CENTURY, KS 66031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMEMORATIVE AIR FORCE 6 AERO PLAZA NEW CENTURY, KS 66031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS GOLF FOUNDATION P O BOX 3970 LAWRENCE, KS 66046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
OLATHE COMMUNITY ORCHESTRA ASSOCIAT 1454 WEST PRAIRIE TERRACE OLATHE, KS 66061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST SUITE 363 OLATHE, KS 66061	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY CONSERVANCY 444 MINNESOTA AVE SUITE 200 KANSAS CITY, KS 66101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RESURRECTION CATHOLIC SCHOOL AT THE 425 N 15TH ST KANSAS CITY, KS 66102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RESURRECTION CATHOLIC SCHOOL AT THE 425 N 15TH ST KANSAS CITY, KS 66102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNER HOUSE CLINIC INC 21 N 12TH ST STE 300 KANSAS CITY, KS 66102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
TURNER HOUSE CLINIC INC 21 N 12TH ST STE 300 KANSAS CITY, KS 66102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,572
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,448
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,863
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
KC CAUSE INCORPORATED 4761 N 123 RD ST KANSAS CITY, KS 66109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
KC CAUSE INCORPORATED 4761 N 123 RD ST KANSAS CITY, KS 66109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION FOUNDATION 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
CATHOLIC EDUCATION FOUNDATION 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
GIFT OF LIFE INC 6405 METCALF AVE 109 OVERLAND PARK, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME GUILD OF GREATER KANS 5960 DEARBORN ST SUITE 100 MISSION, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIFT OF LIFE INC 6405 METCALF AVE 109 OVERLAND PARK, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY CENTER OF SHAWNEE PO BOX 3072 SHAWNEE, KS 66203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BBQ RELIEFPO BOX 3825 SHAWNEE, KS 66203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 8900 STATE LINE RD STE 333 LEAWOOD, KS 66206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CURE OF ARS9403 MISSION RD LEAWOOD, KS 66206	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,901
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCELERATED SCHOOLS OF OVERLANDPARK 10713 BARKLEY ST OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNFLOWER HOUSE 15440 W 65TH STREET SHAWNEE, KS 66217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ANDREW OLSON FOUNDATION 3501 WEST 147TH STREET LEAWOOD, KS 66224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WASHBURN LAW SCHOOL FOUNDATION SCHO 1729 MACVICAR AVENUE TOPEKA, KS 66604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	516
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORMONT VAIL FOUNDATION 1500 SW 10TH STREET TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KANSAS CHILDRENS DISCOVERY CENTER I 4400 SW 10TH AVE TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 1315 SW ARROWHEAD RD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5375 SW 7TH ST TOPEKA, KS 66606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
TOPEKA RESCUE MISSION INC 600 N KANSAS TOPEKA, KS 66608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TOPEKA HABITAT FOR HUMANITY INC 121 NE GORDON STREET TOPEKA, KS 66608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1555 N RIVERCENTER DRIVE SUITE 212 MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RIVERWEST FOOD PANTRY INC 2610 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERWEST FOOD PANTRY INC 2610 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
ALZHEIMERS DISEASE AND RELATED DISO 620 S 76TH ST STE 160 MILWAUKEE, WI 53214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYNTHIA S BREAST CANCER GIVING CIRC PO BOX 76083 MILWAUKEE, WI 53216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYNTHIA S BREAST CANCER GIVING CIRC PO BOX 76083 MILWAUKEE, WI 53216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DIVINE SAVIOR HOLY ANGELS HIGH SCHO 4257 NORTH 100TH STREET MILWAUKEE, WI 53222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVINE SAVIOR HOLY ANGELS HIGH SCHO 4257 NORTH 100TH STREET MILWAUKEE, WI 53222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMBERS LAST PROMISE INC 7353 W FOREST HOME AVE 20934 GREENFIELD, WI 53228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AURORA HEALTH CARE FOUNDATION INC 950 NORTH 12TH STREET SUITE A627 MILWAUKEE, WI 53233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VINCE LOMBARDI CANCER FOUNDATION IN 950 N 12TH STREET MILWAUKEE, WI 53233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF WISCONSIN FOUNDATION 2305 PLEASANT VIEW ROAD MIDDLETON, WI 53562	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF WISCONSIN FOUNDATION 2305 PLEASANT VIEW ROAD MIDDLETON, WI 53562	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CARBONE CANCER CENTER IN ONE EAST MAIN STREET SUITE 500 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MADISON ROTARY FOUNDATION 2 S CARROLL ST STE 255 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
YWCA MADISON INC101 E MIFFLIN MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRWIN A AND ROBERT D GOODMAN COMMUN 214 WAUBESA ST MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
IRWIN A AND ROBERT D GOODMAN COMMUN 214 WAUBESA ST MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	292
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTREACH INC 2701 INTERNATIONAL LANE SUITE 101 MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VERA COURT NEIGHBORHOOD CENTER INC 614 VERA CT MADISON, WI 53704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VERA COURT NEIGHBORHOOD CENTER INC 614 VERA CT MADISON, WI 53704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARITIES 2716 MARSHALL COURT MADISON, WI 53705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WISCONSIN PUBLIC RADIO ASSOCIATION WISCONSIN PUBLIC RADIO MADISON, WI 53706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	540
WISCONSIN PUBLIC RADIO ASSOCIATION WISCONSIN PUBLIC RADIO MADISON, WI 53706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DANE COUNTY 1818 W BELTLINE HWY MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEXT STEP MINISTRIES INC 717 POST ROAD MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
HABITAT FOR HUMANITY INTERNATIONAL 3101 LATHAM DRIVE MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MADISONS PUBLIC SCHO 101 NOB HILL ROAD SUITE 300 MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF WISCONSIN INC 2800 ROYAL AVENUE SUITE 207 MONONA, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PORCHLIGHT INC 306 NORTH BROOKS STREET MADISON, WI 53715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	855
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2850 DAIRY DRIVE STE 300 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 2820 WALTON COMMONS STE 132 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON AREA PRESCHOOL INC 1025 MCKENNA BLVD MADISON, WI 53719	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES INC 702 S HIGH POINT ROAD STE 201 MADISON, WI 53719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 434 S YELLOWSTONE DR SUITE 201 MADISON, WI 53719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,326
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,300
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,700
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,450
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO STOMACH FOR CANCER INC PO BOX 46070 MADISON, WI 53744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HAND-N-HAND OF NORTHEASTERN WISCONS 5403 OAK ORCHARD RD ABRAMS, WI 54101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER GREEN BAY YMCA INC 12101 Y CAMP ROAD SURING, WI 54174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BROWN COUNTY MEDICAL SOCIETY ALLIAN N9349 ABITZ LANE DYCKESVILLE, WI 54217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DOOR COUNTY COMMUNITY FOUNDATION IN 222 NORTH THIRD AVENUE STURGEON BAY, WI 54235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY INC 2801 S WEBSTER AVE GREEN BAY, WI 54301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEAVENS TOUCH MINISTRIES INC 1043 WESTERN AVE GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,155
HEAVENS TOUCH MINISTRIES INC 1043 WESTERN AVE GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME DE LA BAIE FOUNDATION IN 610 MARYHILL DR GREEN BAY, WI 54303	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR CHILDHOOD SAFETY INC 842 S MILITARY AVE GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF GREEN BAY INC 1400 LOMBARDI AVENUE STE 60 GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD-SUAMICO SCHOOL DISTRICT 2706 LINEVILLE ROAD GREEN BAY, WI 54313	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
MIDWEST HORSE WELFARE FOUNDATION IN 10990 STATE HWY 73 PITTSVILLE, WI 54466	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MIDWEST HORSE WELFARE FOUNDATION IN 10990 STATE HWY 73 PITTSVILLE, WI 54466	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDBUILDERS INC1200 3RD ST STEVENS POINT, WI 54481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SISTERS OF ST JOSEPH THIRD ORDER OF 1300 MARIA DR STEVENS POINT, WI 54481	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,500
BOULDER JUNCTION PUBLIC LIBRARY 5392 PARK STREET PO BOX 9 BOULDER JUNCTION, WI 54512	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN CHICAGO 13400 CAMP NAWAKWA LANE LAC DU FLAMBEAU, WI 54538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
LAKELAND RETIREMENT FOUNDATION LTD PO BOX 1815 WOODRUFF, WI 54568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPERATION HOMEFRONT INC 2615 COMMERCE ST LA CROSSE, WI 54603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETHINK ADDICTION RUN WALK INC PO BOX 631 OSHKOSH, WI 54901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EXPERIMENTAL AIRCRAFT ASSOCIATION I PO BOX 3086 OSHKOSH, WI 54903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 515 SOUTH WASHBURN SUITE 201 OSHKOSH, WI 54904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER CATHOLIC SCHOOL S 101 E NORTHLAND AVENUE APPLETON, WI 54911	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF WISCONSIN 100 WCOLLEGE AVE STE 50E APPLETON, WI 54911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
WISCONSIN UPPER MICHIGAN KIWANIS DI 571 CENTER ST BERLIN, WI 54923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN UPPER MICHIGAN KIWANIS DI 571 CENTER ST BERLIN, WI 54923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIPON COLLEGE BOARD OF TRUSTEES OF 300 WEST SEWARD STREET RIPON, WI 54971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
RIPON COLLEGE BOARD OF TRUSTEES OF 300 WEST SEWARD STREET RIPON, WI 54971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE HEALTH SYSTEM FOUNDATIO 1995 E RUM RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,900
JAMES J HILL CENTER 80 WEST FOURTH STREET SAINT PAUL, MN 55102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES J HILL CENTER 80 WEST FOURTH STREET SAINT PAUL, MN 55102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN LUNG ASSOCIATION 490 CONCORDIA AVENUE ST PAUL, MN 55103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE W STE 415 ST PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MAKE-A-WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE W STE 415 ST PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 210 SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FELINE RESCUE INC 593 FAIRVIEW AVE N SAINT PAUL, MN 55104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE W ST PAUL, MN 55104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIVIENNES JOY FOUNDATION 1043 GRAND AVE 111 SAINT PAUL, MN 55105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LISTENING HOUSE OF ST PAUL INC 464 MARIA AVE ST PAUL, MN 55106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPEN WORLD LEARNING SECONDARY 640 HUMBOLDT AVENUE SAINT PAUL, MN 55107	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING HAITI2629 S SHORE BLVD SAINT PAUL, MN 55110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE, MN 55113	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,852
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,963
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
ST JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST PAUL, MN 55118	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD STE 100 EAGAN, MN 55121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,900
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD STE 100 EAGAN, MN 55121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SCLERODERMA FOUNDATION MINNESOTA CH PO BOX 240244 APPLE VALLEY, MN 55124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERCONGREGATION COMMUNITIES ASSOC 12990 ST DAVIDS ROAD MINNETONKA, MN 55305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ASSOC FOR THE EDUCATION OF 13570 GROVE DRIVE 302 MAPLE GROVE, MN 55311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
TRUE FRIENDS13172 5TH ST NW COKATO, MN 55321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORONO HOCKEY BOOSTERS INC 7205 BUCKSKIN TRAIL CORCORAN, MN 55340	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HAITI OUTREACH50 9TH AVE S HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE BLAKE SCHOOL110 BLAKE ROAD S HOPKINS, MN 55343	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKSELAGET6423 CRAIG DR EDEN PRAIRIE, MN 55346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ORONO FOUNDATION FOR EDUCATION PO BOX 124 MAPLE PLAIN, MN 55359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RECYCLE ACROSS AMERICA 4337 WILSHIRE BLVD MOUND, MN 55364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE PEOPLE OF AMERICA INC 14453 CASTLEGATE WAY NORTHWEST PRIOR LAKE, MN 55372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LITTLE PEOPLE OF AMERICA INC 14453 CASTLEGATE WAY NORTHWEST PRIOR LAKE, MN 55372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
RIDGEVIEW FOUNDATION 490 S MAPLE ST SUITE 110 WACONIA, MN 55387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,076
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300 MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	938
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN YOUR HEARTS TO THE HUNGRY AND 314 CLIFTON AVENUE SUITE C100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT SUCCESS-STUDENTS UNDERTAKIN 1 GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,745
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,440
SMILE NETWORK INTERNATIONAL 108 WEST 14TH STREET MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	735
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CYSTIC FIBROSIS FOUNDATION 100 NORTH 6TH STREET SUITE 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SUCCESS-STUDENTS UNDERTAKIN 1 GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SMILE NETWORK INTERNATIONAL 108 WEST 14TH STREET MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72,000
BANYAN FOUNDATION2529 13TH AVE S MINNEAPOLIS, MN 55404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY OF LAKES COMMUNITY LAND TRUST 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYCE PRESCHOOL3400 PARK AVENUE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HER VOICE PRODUCTIONS 3901 CHICAGO AVE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HER VOICE PRODUCTIONS 3901 CHICAGO AVE MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HANDS ANIMAL RESCUE 3732 10TH AVE S MINNEAPOLIS, MN 55407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ABBOTT NORTHWESTERN HOSPITAL FOUNDA 800 EAST 28TH ST MR 16509 MINNEAPOLIS, MN 55407	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
PILLSBURY UNITED COMMUNITIES 125 WEST BROADWAY SUITE 130 MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN CITIES RISE1301 BRYANT AVE N MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
UPPER MIDWEST ORGAN PROCUREMENT ORG 2225 WEST RIVER ROAD WEST MINNEAPOLIS, MN 55411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF MINNESOTA 615 FIRST AVE NE SUITE 415 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
LEUKEMIA & LYMPHOMA SOCIETY INC 1711 BROADWAY STREET NE MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN TWIN CITIES INC 3433 BROADWAY ST NE MINNEAPOLIS, MN 55413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 2025 EAST RIVER PKWY MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 2500 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL MINNESOTA 1901 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NATURE CONSERVANCY 1101 W RIVER PKWY STE 200 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1101 W RIVER PKWY STE 200 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BENILDE-ST MARGARET'S SCHOOL 2501 HIGHWAY 100 ST LOUIS PARK, MN 55416	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MINNEAPOLIS PARKS FOUNDATION 4800 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PCD KS FOUNDATION 10137 PORTLAND AVE S MINNEAPOLIS, MN 55420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRASER2400 W 64TH ST MINNEAPOLIS, MN 55423	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 3001 METRO DRIVE SUITE 100 BLOOMINGTON, MN 55425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIZ LOGELIN FOUNDATION PO BOX 26366 ST LOUIS PARK, MN 55426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DODOMA TANZANIA HEALTH DEVELOPMENT 8085 WAYZATA BLVD STE 103 GOLDEN VALLEY, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL ATAXIA FOUNDATION INC 600 HWY 169 S STE 1725 MINNEAPOLIS, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	178
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,520
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,330
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,025
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 4701 W 77TH STREET MINNEAPOLIS, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN HEART ASSOCIATION INC 4701 W 77TH ST EDINA, MN 55435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 960 SOUTHDALE CENTER EDINA, MN 55435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	363
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACER CENTER INC 8161 NORMANDALE BOULEVARD MINNEAPOLIS, MN 55437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,178
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 7900 W 78TH STREET SUITE 100 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE 26 MINNEAPOLIS, MN 55454	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN SQUASH TWIN CITIES 123 HARVARD ST SE MINNEAPOLIS, MN 55455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIFT OF ADOPTION FUND INC PO BOX 581013 MINNEAPOLIS, MN 55458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LUTHERAN SOCIAL SERVICE OF MINNESOT 424 W SUPERIOR ST SUITE 204 DULUTH, MN 55802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	273
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,590
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF MINNES 3300 LONDON RD DULUTH, MN 55804	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF DULUTH INC 4031 GRAND AVE DULUTH, MN 55807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF DULUTH INC 4031 GRAND AVE DULUTH, MN 55807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BETHANY CRISES SHELTER 9239 IDAHO STREET DULUTH, MN 55808	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2524 MAPLE GROVE RD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
STELLA MARIS ACADEMY2802 E 4TH ST DULUTH, MN 55812	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,150
CHOICE UNLIMITED 1829 E SUPERIOR ST DULUTH, MN 55812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ROSARY SCHOOL 2802 EAST 4TH STREET DULUTH, MN 55812	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	130
GIFT OF LIFE INC705 2ND ST SW ROCHESTER, MN 55902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED STATES OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA, MN 56007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN PO BOX 6051 ALBERT LEA, MN 56007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ANNA MARIES ALLIANCEPO BOX 367 ST CLOUD, MN 56302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KINSHIP PARTNERS INCPO BOX 642 BRAINERD, MN 56401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE LINCOLN HIGH SCHOOL BANDPARENTS 312 S CONKLIN A SIOUX FALLS, SD 57103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF SOUTH DAK 409 NORTH WESTERN AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOME SOCIETY OF SOUTH DAK 409 NORTH WESTERN AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
RIVERE FOUNDATION 17 S RIVERVIEW HEIGHTS SIOUX FALLS, SD 57105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4904 S TECHNOPOLIS DR SIOUX FALLS, SD 57106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	620
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	70
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	85
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SALVATION ARMY304 ROBERTS ST FARGO, ND 58012	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,575
SPARTAN BOOSTERS INC 801 17TH AVE N FARGO, ND 58102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MAKE-A-WISH FOUNDATION OF NORTH DAK 41 43 26TH AVENUE SOUTH STE 104 FARGO, ND 58104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH DAKOTA VETERANS HOME FOUNDATI 419 N 7TH STREET GRAND FORKS, ND 58203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONTANA FAMILY INSTITUTE INC PO BOX 485 LAUREL, MT 59044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY PROMISE OF YELLOWSTONE VALLE 10 SOUTH 26TH STREET BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	594
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3010 11TH AVE NORTH BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVENUE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,215
BIKE NETPO BOX 2416 BILLINGS, MT 59103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE NETPO BOX 2416 BILLINGS, MT 59103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS CRISIS PREGNANCY CENTER IN PO BOX 80146 BILLINGS, MT 59108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
MONTANA AUDUBONPO BOX 595 HELENA, MT 59624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAVE THE GRIZZLY BEAR INC 80 BOZEMAN HILL RD BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DRIVE SUITE A BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
SAVE THE GRIZZLY BEAR INC 80 BOZEMAN HILL RD BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DRIVE SUITE A BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	890
THE FOUNDATION FOR NORTH AMERICA WI 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR NORTH AMERICA WI 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTINEL HIGH SCHOOL 901 SOUTH AVE W MISSOULA, MT 59801	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
MISSOULA PUBLIC LIBRARY FOUNDATION 301 E MAIN ST MISSOULA, MT 59802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WATSON CHILDRENS SHELTER INC 4978 BUCKHOUSE LANE MISSOULA, MT 59804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
GARDEN CITY HARVEST INC PO BOX 205 MISSOULA, MT 59806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC PO BOX 8951 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MTB MISSOULAPO BOX 8233 MISSOULA, MT 59807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	956
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS FOR A BETTER FLATHEAD 14 3RD STREET EAST SUITE 240 KALISPELL, MT 59901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FOUNDATION FOR CHILDREN IN NEED INC 725 N PINE AVE ARLINGTON HEIGHTS, IL 60004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ST VIATOR HIGH SCHOOL 1213 E OAKTON STREET ARLINGTON HTS, IL 60004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 617 E GOLF ROAD SUITE 101 ARLINGTON HEIGHTS, IL 60005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE CITIZENS FOUNDATION USA 2425 TOUHY AVENUE ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CITIZENS FOUNDATION USA 2425 TOUHY AVENUE ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
THE HUMAN DEVELOPMENT FOUNDATION OF 2775 ALGONQUIN RD STE 240 ROLLING MEADOWS, IL 60008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN MUSLIM HEALTH PROFESSIONAL 2118 PLUM GROVE ROAD SUITE 201 ROLLING MEADOWS, IL 60008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI OF MCHENRY COUNTY ILLINOIS 620 DAKOTA STREET CRYSTAL LAKE, IL 60012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CROHNS & COLITIS FOUNDATION INC 2200 EAST DEVON AVENUE SUITE 351 DES PLAINES, IL 60018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST ELEM SCHOOL 1375 S FIFTH AVE DES PLAINES, IL 60018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD GLENCOE, IL 60022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD STE 100 GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,094
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA FAMILY ASSOCIATION C/O MARY SCHRAMM 2136 LARKDALE DRIVE GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISERICORDIA FAMILY ASSOCIATION C/O MARY SCHRAMM 2136 LARKDALE DRIVE GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD STE 100 GLENVIEW, IL 60025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,763
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,750
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE COUNTY VETERANS AND FAMILY SER 100 SOUTH ATKINSON GRAYSLAKE, IL 60030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOOVED COMPANION PROJECT 11414 ARMORY RD HEBRON, IL 60034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,180
BOY SCOUTS OF AMERICA 2745 SKOKIE VALLEY RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KIDS RANK1957 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
NORTHWESTERN MEMORIAL HEALTHCARE OFFICE OF PHILANTHROPY 1000 NORTH WESTMORELAND ROAD LAKE FOREST, IL 60045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MCHENRY 4318-B W CRYSTAL LAKE RD MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HOME OF THE SPARROW INC 4209 W SHAMROCK UNIT B MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF GREATER MCHENRY COUNT 4508 PRIME PKWY MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WRIGHT-WAY RESCUE 5915 LINCOLN AVENUE MORTON GROVE, IL 60053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FIGHTING BLINDNESS INC 977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS, IL 60061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KESHET600 ACADEMY DR 130 NORTHBROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARYS SERVICES 510 N PLUM GROVE ROAD PALATINE, IL 60067	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALUTE INC18 NORTH BOTHWELL PALATINE, IL 60067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
LITTLE SISTERS OF THE POOR ST JOSEP 80 WEST NORTHWEST HIGHWAY PALATINE, IL 60067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE HARBOUR INC 1440 RENAISSANCE DR STE 240 PARK RIDGE, IL 60068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 100 TRI STATE INTERNATIONAL SUITE 125 LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ISA KRANZ FOUNDATION 10310 NORTH CLARK ROAD RICHMOND, IL 60071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PADS TO HOPE INC 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ANIMAL RESCUE EFFORT INC PO BOX 691 SKOKIE, IL 60077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY ST MARTIN COLLEGE PREP 3106 BELVIDERE ROAD WAUKEGAN, IL 60085	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WEAR BLUE RUN TO REMEMBER 13 N GENESEE STREET WAUKEGAN, IL 60085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	150
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
BOYS HOPE GIRLS HOPE 1100 N LARAMIE AVENUE WILMETTE, IL 60091	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE WINNETKA PUBLIC SCHOOLS FOUNDAT PO BOX 97 WINNETKA, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHRISTIAN HERITAGE ACADEMY 315 WAUKEGAN ROAD NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE COUNTY CRISIS CENTER FOR THE P 2710 17TH ST SUITE 100 ZION, IL 60099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTHERN ILLINOIS UNIVERSITY FOUNDA 134 ALTGELD HALL DEKALB, IL 60115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ST MARY CHURCH OF ELGIN 103 SOUTH GIFFORD ST ELGIN, IL 60120	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 56 S GROVE ELGIN, IL 60120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ELGIN COMMUNITY COLLEGE FOUNDATION 1700 SPARTAN DRIVE ELGIN, IL 60123	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FOOD FOR GREATER ELGIN INC 1553 COMMERCE DRIVE ELGIN, IL 60123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
GLEN ELLYN CHILDRENS CHORUS 501 HILL AVE STE 207 GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLIES CORNER FOUNDATION 768 ELM ST GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GLEN ELLYN CHILDRENS CHORUS 501 HILL AVE STE 207 GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DARUL QASIM550 REGENCY DR GLENDALE HEIGHTS, IL 60139	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSCAR MIKE FOUNDATION 21003 RIVER RD MARENGO, IL 60152	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
OSCAR MIKE FOUNDATION 21003 RIVER RD MARENGO, IL 60152	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
HOUSING FORWARD1851 S 9TH AVE MAYWOOD, IL 60153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH HIGH SCHOOL 10900 W CERMAK ROAD WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
ST JOSEPH HIGH SCHOOL 10900 W CERMAK ROAD WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	846
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,085
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
GIGIS PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CALS ALL STAR ANGEL FOUNDATION INC 2422 W MAIN STREET 3B ST CHARLES, IL 60175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1801 MEYERS RD OAK BROOK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS FOR ORPHANSPO BOX 1144 WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DUPAGE HOMEOWNERSHIP CENTER INC 1600 E ROOSEVELT RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUPAGE P A D S INC601 WEST LIBERTY WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EMERSON ELEM SCHOOL 119 S WOODLAWN ST WHEATON, IL 60187	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW UNITED CHURCH OF CHRIST 1420 S GABLES WHEATON, IL 60189	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
KOREAN CHURCH OF CHICAGO INC 1500 W ALGONQUIN RD HOFFMAN ESTATE, IL 60192	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
MUSIC INSTITUTE OF CHICAGO 1702 SHERMAN AVENUE EVANSTON, IL 60201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	945
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 518 DAVIS ST SUITE 205 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR INDEPENDENT FUTURES 1015 DAVIS STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTIONS FOR THE HOMELESS INC 2121 DEWEY AVENUE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DANNY DID FOUNDATION 3008 CENTRAL SUITE 203 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EVANSTON COMMUNITY FOUNDATION INC 1560 SHERMAN AVENUE SUITE 535 EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEALS AT HOME 1123 EMERSON ST SUITE 213 EVANSTON, IL 60201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EVANSTON SCHOLARS 1234 SHERMAN AVENUE SUITE 214 EVANSTON, IL 60202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,970
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,463
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,943
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
OAK PARK-RIVER FOREST COMMUNITY FOU 1049 LAKE STREET SUITE 204 OAK PARK, IL 60301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,250
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN UNIVERSITY 7900 WEST DIVISION STREET RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRINITY HIGH SCHOOL 7574 DIVISION ST RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DOMINICAN UNIVERSITY 7900 WEST DIVISION STREET RIVER FOREST, IL 60305	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC DIOCESE OF JOLIET 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	596
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CRETE-MONEE HIGH SCHOOL 1500 SANGAMON ST CRETE, IL 60417	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF WILL COUNTY 701 ESSINGTON RD SUITE 103 JOLIET, IL 60435	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRINITY SERVICES INC 301 VETERANS PARKWAY NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FIRE FOUNDATION 7000 S HARLEM AVE BRIDGEVIEW, IL 60455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO FIRE FOUNDATION 7000 S HARLEM AVE BRIDGEVIEW, IL 60455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ST LAURENCE HIGH SCHOOL 5556 W 77TH ST BURBANK, IL 60459	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOLS COUNT CORPORATION NFP 9550 140TH COURT 112 ORLAND PARK, IL 60462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 17060 OAK PARK AVENUE TINLEY PARK, IL 60477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
WATERLEAF WOMENS CENTER INC 3598 EAST NEW YORK STREET AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
WATERLEAF WOMENS CENTER INC 3598 EAST NEW YORK STREET AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ROSARY HIGH SCHOOL 901 N EDGELAWN DRIVE AURORA, IL 60506	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRENT SOPEL FOUNDATION 141 WOODSTOCK AVE CLARENDON HILLS, IL 60514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH SCHOOL HIGHLAND AND FRANKLIN STREETS DOWNERS GROVE, IL 60515	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
RETT SYNDROME ASSOCIATION OF ILLINO 7325 JANES AVE WOODRIDGE, IL 60517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECONOMIC AWARENESS COUNCIL 703 S STOUGH ST HINSDALE, IL 60521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,882
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	730
SYRIAN AMERICAN MEDICAL SOCIETY-MI 20 BLUE GRASS COURT OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PILLARS COMMUNITY SERVICES 333 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PILLARS COMMUNITY SERVICES 333 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NAZARETH ACADEMY 1209 WEST OGDEN AVENUE LA GRANGE PARK, IL 60526	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAZARETH ACADEMY 1209 WEST OGDEN AVENUE LA GRANGE PARK, IL 60526	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,350
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,950
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROTARY FOUNDATION OF MONTGOMERY IL PO BOX 924 MONTGOMERY, IL 60538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL COLLEGE 30 N BRAINARD ST NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECUMENICAL ADULT CARE OF NAPERVILLE 305 WEST JACKSON AVE NAPERVILLE, IL 60540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ILLINOIS SAINT ANDREW SOCIETY OF TH 2800 DESPLAINES AVE NORTH RIVERSIDE, IL 60546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STEWARD ELEMENTARY SCHOOL PO BOX 76 STEWARD, IL 60553	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALT CREEK BALLET COMPANY 98 E CHICAGO AVE WESTMONT, IL 60559	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BRIDGE COMMUNITIES INC 825 LYNDHURST COURT NAPERVILLE, IL 60563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
INDIAN PRAIRIE EDUCATIONAL FOUNDATI PO BOX 3990 NAPERVILLE, IL 60567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GRANT PARK ORCHESTRAL ASSOCIATION 205 E RANDOLPH ST CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	289
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE MILLION DEGREES 180 N WABASH AVE STE 310 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,345
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ONE MILLION DEGREES 180 N WABASH AVE STE 310 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,015
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	501
UNITED SERVICE ORGANIZATIONS 333 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,155
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CYSTIC FIBROSIS FOUNDATION 150 N MICHIGAN AVE SUITE 1550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
WOOD FAMILY FOUNDATION 121 W WACKER DR SUITE 619 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHICAGO COUNCIL ON GLOBAL AFFAIRS 180 N STETSON STE 1400 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROGER BALDWIN FOUNDATION OF ACLU IN 150 N MICHIGAN SUITE 600 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
CHICAGO COUNCIL ON GLOBAL AFFAIRS 180 N STETSON STE 1400 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
WOOD FAMILY FOUNDATION 121 W WACKER DR SUITE 619 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE NETWORK OF CHARTER SCHOOLS 1 N STATE STREET 7-LOWER CHICAGO, IL 60602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DEEPLY ROOTED PRODUCTIONS 17 N STATE STREET 19TH FLOOR CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
YOUTH GUIDANCE 1 NORTH LASALLE STREET SUITE 900 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH GUIDANCE 1 NORTH LASALLE STREET SUITE 900 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
EPILEPSY FOUNDATION OF GREATER CHIC 17 NORTH STATE STREET SUITE 650 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO COMMUNITY LOAN FUND 29 EAST MADISON STREET SUITE 1700 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1 NORTH LA SALLE STREET STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	422
YWCA METROPOLITAN CHICAGO ONE NORTH LASALLE STREET SUITE 1150 CHICAGO, IL 60602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST THE BEGINNING - A PIPELINE ORG 70 WEST MADISON STE 2900 CHICAGO, IL 60602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
SPARK PROGRAM INC67 E MADISON ST CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DIABETES EDUCATION RESEARCH FOUNDAT 55 E MONROE STREET SUITE 3420 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARK PROGRAM INC67 E MADISON ST CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN SUITE 1400 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET SUITE 1850 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN APPLE FOUNDATION FOR EXCELLE 8 S MICHIGAN AVE SUITE 700 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GOLDEN APPLE FOUNDATION FOR EXCELLE 8 SOUTH MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,500
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,651
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 120 S LASALLE ST 1150 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,075
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MARSHALL LAW SCHOOL 315 SOUTH PLYMOUTH COURT CHICAGO IL 60604 CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	610
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DEPAUL UNIVERSITY 1 E JACKSON BLVD - OFFICE OF DEVELOPMENT CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ONE HOPE UNITED 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COUNCIL OF ISLAMIC ORGANIZATIONS OF 231 S STATE STREET SUITE 300 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
IMENTOR 332 S MICHIGAN AVENUE 9TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MIKVA CHALLENGE GRANT FOUNDATION IN 200 S MICHIGAN AVE CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
HEARTLAND ALLIANCE FOR HUMAN NEEDS 208 SOUTH LASALLE STREET SUITE 1300 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN HEART ASSOCIATION INC 208 SOUTH LASALLE SUITE 1500 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
NATIONAL ANTI-VIVISECTION SOCIETY 53 WEST JACKSON BLVDSUITE 1552 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,482
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,037
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,832
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,039
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	805
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
ADLER PLANETARIUM 1300 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATYA DANCE THEATRE 410 S MICHIGAN AVENUE STE 725 CHICAGO, IL 60605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
JONES COLLEGE PREP HIGH SCHOOL 700 S STATE ST CHICAGO, IL 60605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHURCH EXTENSION SOCIETY O 150 S WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HITEC FOUNDATION 444 WEST LAKE STREET SUITE 1940 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
URBAN GATEWAYS 205 W RANDOLPH 1700 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	143
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JEWISH FEDERATION OF METROPOLITAN C 30 S WELLS STREET CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LITTLE LEAGUE BASEBALL INC ONE NORTH WACKER SUITE 4600 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY INVESTMENT CORP 222 SOUTH RIVERSIDE PLAZA SUITE 380 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THOMAS MORE SOCIETY 309 W WASHINGTON STREET SUITE 1250 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500A CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRESENCE HEALTH FOUNDATION BOARD OF 200 S WACKER SUITE 1100 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITY OF HOPE 20 NORTH WACKER DRIVE SUITE 1530 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JEWISH FEDERATION OF METROPOLITAN C 30 S WELLS STREET CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	480
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	900
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIT SCHOOL OF MUSIC 38 S PEORIA ST CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHICAGO INTERNATIONAL FILM FESTIVAL 212 W VAN BUREN STREET SUITE 400 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY INTERNATIONAL INC 550 W VAN BUREN SUITE 200 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,547
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHICAGO 815 WEST VAN BUREN SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY FOCUS INC 310 S PEORIA STREET SUITE 404 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES INC 110 N CARPENTER CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
BOYS & GIRLS CLUBS OF CHICAGO INC 550 WEST VAN BUREN STREET SUITE 350 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24,000
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELLMATES ON THE RUN FOUNDATION 1074 W TAYLOR STREET 233 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	569
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BOYS & GIRLS CLUBS OF CHICAGO INC 550 WEST VAN BUREN STREET SUITE 350 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
UMOJA STUDENT DEVELOPMENT CORPORATI 910 W VAN BUREN STREET SUITE 710 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACCION CHICAGO INC 1436 W RANDOLPH STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION CHICAGO INC 1436 W RANDOLPH STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BOY SCOUTS OF AMERICA 1218 W ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN STREET STE 720 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 110 N CARPENTER CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN STREET STE 720 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HOUSING OPPORTUNITIES & MAINTENANCE 1419 WEST CARROLL AVENUE FLOOR 2 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
RESPIRATORY HEALTH ASSOCIATION 1440 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 1914 S ASHLAND CHICAGO, IL 60608	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
LATIN WOMEN IN ACTION 2124 WEST 21ST PLACE CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NOTE KARACEL UGANDA 3338 S ABERDEEN ST CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A SAFE HAVEN FOUNDATION 2750 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RESURRECTION PROJECT 1805 SOUTH ASHLAND AVENUE CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,550
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,800
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CHICAGO FUND ON AGING AND DISABILIT 1111 N WELLS STREET SUITE 307 CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
FRIENDS OF OGDEN SCHOOL INC 24 W WALTON CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBERRY LIBRARY 60 WEST WALTON STREET CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF OGDEN SCHOOL INC 24 W WALTON CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	904
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHILDRENS CHARITIES 1235A N CLYBOURN AVENUE 163 CHICAGO, IL 60610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF CHICAGO INC 1447 N ASTOR STREET CHICAGO, IL 60610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CATHOLIC BISHOP OF CHICAGO 835 N RUSH ST CHICAGO, IL 60611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	955
ANN & ROBERT H LURIE CHILDRENS HOSP 225 EAST CHICAGO AVENUE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANN & ROBERT H LURIE CHILDRENS HOSP 225 EAST CHICAGO AVENUE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOOKINGGLASS THEATRE COMPANY 875 N MICHIGAN AVE SUITE 1330 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	501
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNDRED CLUB OF COOK COUNTY 875 N MICHIGAN AVENUE SUITE 1351 CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS THE RAUNER CENTER 2200 WEST HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS THE RAUNER CNTR 2200 W HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS THE RAUNER CENTER 2200 WEST HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KINZIE INDUSTRIAL DEVELOPMENT CORPO 320 NORTH DAMEN AVENUE CHICAGO, IL 60612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ARTISTS COALITION 2130 W FULTON ST UNIT B CHICAGO, IL 60612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
KINDERGARTEN FUND 3813 N SOUTHPORT AVE UNIT 1S CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KINDERGARTEN FUND 3813 N SOUTHPORT AVE UNIT 1S CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
IMAGINATION THEATRE INC 4001 NORTH RAVENSWOOD AVE SUITE 503C CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	820
CHICAGO HOUSE AND SOCIAL SERVICE AG 1925 N CLYBOURN STE 401 CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,957
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	111
GROWING HOME INC2732 N CLARK 310 CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LINCOLN PARK COMMUNITY SHELTER 600 WEST FULLERTON PARKWAY CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	946
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	342
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPENWOLF THEATER CO 1700 N HALSTED STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,964
ONE TAIL AT A TIME NFP 2144 NORTH WOOD CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
GUS GIORDANOS JAZZ DANCE CHICAGO IN 1754 NORTH CLARK STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TAIL AT A TIME NFP 2144 NORTH WOOD CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,500
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENSHIP EDUCATION FUND 930 EAST 50TH STREET CHICAGO, IL 60615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
SOUTHEAST CHICAGO COMMISSION 1511 EAST 53RD STREET CHICAGO, IL 60615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CHINESE AMERICAN SERVICE LEAGUE INC 2141 S TAN CT CHICAGO, IL 60616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYART NFP3026 EAST 91ST STREET CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYART NFP3026 EAST 91ST STREET CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
LANE TECH ALUMNI ASSOCIATION INC 2501 W ADDISON ROOM 110W CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL PROTECTIVE ASSN PO BOX 18098 CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD BOYS & GIRLS CLUB 2501 W IRVING PARK RD CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGLESBY ELEM SCHOOL 7646 S GREEN ST CHICAGO, IL 60620	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	225
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A NEW DAY CAMBODIA INC 516 N OGDEN AVE 105 CHICAGO, IL 60622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST AGATHA PARISH 3147 W DOUGLASS BLVD CHICAGO, IL 60623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH LAWNDALE COLLEGE PREPARATORY PO BOX 23400 CHICAGO, IL 60623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LAWNDALE CHRISTIAN DEVELOPMENT CORP 3843 W OGDEN AVE CHICAGO, IL 60623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHICAGO YOUTH BOXING CLUB INC 2300 S MILLARD AVE CHICAGO, IL 60623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH LAWNDALE EMPLOYMENT NETWORK 906 S HOMAN AVENUE CHICAGO, IL 60624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
OFF THE STREET CLUB 25 N KARLOV AVENUE CHICAGO, IL 60624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH PARK UNIVERSITY 3225 W FOSTER AVE BOX 6 CHICAGO, IL 60625	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERS TODAY4507 N ARTESIAN AVE CHICAGO, IL 60625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRESHLENS CHICAGO4849 N HOYNE CHICAGO, IL 60625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAMILY MATTERS INC 7731 NORTH MARSHFIELD AVENUE CHICAGO, IL 60626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY MATTERS INC 7731 NORTH MARSHFIELD AVENUE CHICAGO, IL 60626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST PAUL'S CHURCH BY-THE-LAKE 7100 NORTH ASHLAND BOULEVARD CHICAGO, IL 60626	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 5040 NORTH PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 5040 NORTH PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50,000
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CANINE RESCUE FOUNDATION 5272 N ELSTON AVE CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EVANGELICAL LUTHERAN CHURCH IN AMER 8765 WEST HIGGINS ROAD CHICAGO, IL 60631	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,100
ALZHEIMERS DISEASE AND RELATED DISO 8430 W BRYN MAWR AVE STE 800 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,245
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,190
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF CHICAGO 1362 EAST 59TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF CHICAGO 1111 EAST 60TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF CHICAGO 5839 S MARYLAND AVE MC 4069 CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF CHICAGO 1111 EAST 60TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
METRO SQUASH NFP 6100 S COTTAGE GROVE AVE CHICAGO, IL 60637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
HOPE WORKS COMMUNITY DEVELOPMENT 6414 S COTTAGE GROVE AVENUE CHICAGO, IL 60637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT CARMEL HIGH SCHOOL 6410 SOUTH DANTE AVENUE CHICAGO, IL 60637	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ONWARD NEIGHBORHOOD HOUSE 5413 W DIVERSEY AVE CHICAGO, IL 60639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVENUE CHICAGO, IL 60639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANISH COALITION FOR HOUSING 1922 N PULASKI AVE CHICAGO, IL 60639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
NATIONAL-LOUIS UNIVERSITY 122 S MICHIGAN CHICAGO, IL 60640	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NORTH SIDE HOUSING AND SUPPORTIVE S 4410 N RAVENSWOOD CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SIDE HOUSING AND SUPPORTIVE S 4410 N RAVENSWOOD CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SYRIAN COMMUNITY NETWORK INC 5439 N BROADWAY UNIT 1 CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
JEWISH COUNCIL ON URBAN AFFAIRS 4700 NORTH RAVESWOOD AVE SUITE B CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	962
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MHUB965 W CHICAGO AVE CHICAGO, IL 60642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
NORTHWESTERN UNIVERSITY SETTLEMENT 1400 W AUGUSTA BOULEVARD CHICAGO, IL 60642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
PLAID ACADEMY 2017 WEST 110TH PLACE CHICAGO, IL 60643	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
THE ARK6450 N CALIFORNIA AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	662
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	870
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	326
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BRIGHT PINK NFP 670 N CLARK ST SUITE 2 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	715
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE FOUNDERS FOUNDATION 222 W MERCHANDISE MART PLAZA SUITE 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,151
ACCESS LIVING OF METROPOLITAN CHICA 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS HISPANIC CHAMBER OF COMMER 222 W MERCHANDISE MART PLAZA SUITE 1212 C/O 1871 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PAT TILLMAN FOUNDATION 222 WEST MERCHANDISE MART PLAZA 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRIGHT PINK NFP 670 N CLARK ST SUITE 2 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,245
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BAR ASSOCIATION FUND FOR J 321 N CLARK STREET CHICAGO, IL 60654	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30,000
MARIST HIGH SCHOOL ATTN PAULETTE KARAS - 4200 W 115TH ST CHICAGO, IL 60655	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BR RICE HIGH SCHOOL 10001 S PULASKI ROAD CHICAGO, IL 60655	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARVY J ELEM SCHOOL 5225 N OAK PARK AVE CHICAGO, IL 60656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,850
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,838
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL DISTRICT MISSIONARY C 6355 N WESTERN AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
INDO AMERICAN CENTER INC 6328 N CALIFORNIA AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHICAGO GAY MENS CHORUS 5756 N RIDGE AVE STE 1 CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR ECONOMIC PROGRESS 567 W LAKE ST SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
CENTER FOR ECONOMIC PROGRESS 567 W LAKE ST SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF CHICAGO 651 WEST WASHINGTON BLVD 404 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ABLE NETWORK INC 567 W LAKE SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
WORKING IN THE SCHOOLS 641 WEST LAKE STREET SUITE 200 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN INITIATIVES INC 650 W LAKE 340 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
CHICAGO CHESED FUND INC 7045 N RIDGEWAY AVE LINCOLNWOOD, IL 60712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,820
IQUILT PARTNERSHIP INC 31 PRATT STREET 5TH FLOOR HARTFORD, CT 61013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET SUITE 400 ROCKFORD, IL 61104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE AND RELATED DISO 1111 SOUTH ALPINE ROAD STE 307 ROCKFORD, IL 61108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIDS AROUND THE WORLD INC 4750 HYDRAULIC DRIVE ROCKFORD, IL 61109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THERAPY CENTER OF THE QUA 4450 48TH AVENUE COURT ROCK ISLAND, IL 61201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS THERAPY CENTER OF THE QUA 4450 48TH AVENUE COURT ROCK ISLAND, IL 61201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ROYAL BALL RUN FOR AUTISM INC 3040 SYCAMORE LANE MILAN, IL 61264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ABUSE COUNCIL524 15TH ST MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1100 RIVER DRIVE MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ORION HIGH SCHOOLPO BOX 39 ORION, IL 61273	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW KINGDOM TRAILRIDERS 18929 81ST SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 401 NE ADAMS ST PEORIA, IL 61603	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 4234 N KNOXVILLE STE B PEORIA, IL 61614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ROAD RUNNERS CLUB OF AMERICA 4722 NORTH SHERIDAN RD PEORIA, IL 61614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST FOOD BANK NFP INC 9005 N INDUSTRIAL PEORIA, IL 61615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ST THOMAS THE APOSTLE ROMAN CATHOLI 904 E LAKE AVE PEORIA HEIGHTS, IL 61616	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY OF MCLEAN COUN 103 W JEFFERSON ST BLOOMINGTON, IL 61701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 207 S PROSPECT RD STE1 BLOOMINGTON, IL 61704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	165
MICHAEL COLLINS FOUNDATION PO BOX 19 HUDSON, IL 61748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	904
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF CHAMPAIGN-URBANA NFP 509 S FOURTH ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,180
DON MOYER BOYS & GIRLS CLUB 201 E PARK ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ILLINOIS UNIVERSITY EDWARD CAMPUS BOX 1082 EDWARDSVILLE, IL 62026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,600
SNIP ALLIANCE 17 JUNCTION DRIVE NUMBER 215 GLEN CARBON, IL 62034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SNIP ALLIANCE 17 JUNCTION DRIVE NUMBER 215 GLEN CARBON, IL 62034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ANIMAL RESCUESPO BOX 397 GODFREY, IL 62035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,725
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOYLETON YOUTH AND FAMILY SERVICES 8 EXECUTIVE DR FAIRVIEW HEIGHTS, IL 62208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED CHURCH OF CHRIST 4290 STONE CHURCH ROAD ADDIEVILLE, IL 62214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 62220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 62220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARINE TOYS FOR TOTS FOUNDATION 3220 WEST BOULVARD BELLEVILLE, IL 62221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
U S PROVINCE OF THE MISSIONARY OBLA 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVILLE AREA HUMANE SOCIETY 1301 SOUTH 11TH STREET BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUR LADY QUEEN OF PEACE SCHOOL 5915 N BELT WEST BELLEVILLE, IL 62223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLUMBIA MIDDLE SCHOOL 100 EAGLE DRIVE COLUMBIA, IL 62236	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR SYNDACTYLY 42 WEST MAIN PO BOX 159 MASCOUTAH, IL 62258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GATEWAY CONFLUENCE WHEELCHAIR SPORT 402 W OAK ST MILLSTADT, IL 62260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUMAN SUPPORT SERVICES988 N IL-3 WATERLOO, IL 62298	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIBAULT CATHOLIC HIGH SCHOOL 501 COLUMBIA AVE WATERLOO, IL 62298	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIBAULT CATHOLIC HIGH SCHOOL 501 COLUMBIA AVE WATERLOO, IL 62298	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
SALVATION ARMY NATIONAL CORP 405 VERMONT ST QUINCY, IL 62301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
QUINCY UNIVERSITY CORPORATION 1800 COLLEGE AVENUE QUINCY, IL 62301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	249
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY NOTRE DAME FOUNDATION 1400 SOUTH 11TH STREET QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HORIZONS SOCIAL SERVICES OF ADAMS C 224 S 8TH ST QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HORIZONS SOCIAL SERVICES OF ADAMS C 224 S 8TH ST QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,632
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE QUINCY 4531 MAINE ST STE A QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
QUINCY HUMANE SOCIETYPO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
QUINCY CONCERT BAND INCPO BOX 82 QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	347
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WEST CENTRAL ILLINOIS HEALTH CORPOR 331 S MAIN ST VIRGINIA, IL 62691	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARC232 N BRUNS LN SPRINGFIELD, IL 62702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 675 E LINTON AVE SPRINGFIELD, IL 62703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNITED CEREBRAL PALSY OF THE LAND O 101 N 16TH SPRINGFIELD SPRINGFIELD, IL 62703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING PAW PROJECT INC 2344 SOUTH SIXTH STREET SPRINGFIELD, IL 62703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CONSORTIUM FOR GRADUATE STUDY IN MA 229 CHESTERFIELD BUSINESS PARKWAY CHESTERFIELD, MO 63005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BREAKDOWN STL 16105 SWINGLEY RIDGE RD 165 CHESTERFIELD, MO 63006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
ROCKWOOD PARENT TEACHER ORGANIZATIO 1425 FROESEL ELLISVILLE, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 2136 DARTMOUTH GATE CT WILDWOOD, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
ROCKWOOD PARENT TEACHER ORGANIZATIO 1425 FROESEL ELLISVILLE, MO 63011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GATEWAY REGION YOUNG MENS CHRISTIAN 16464 BURKHARDT PLACE CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER ST LOUIS HONOR FLIGHT INC 36 FOUR SEASONS BOX 272 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER ST LOUIS HONOR FLIGHT INC 36 FOUR SEASONS BOX 272 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOCUS MARINES FOUNDATION 15455 MANCHESTER RD UNIT 476 AUGUSTA, MO 63022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X HIGH SCHOOL 1030 ST PIUS DRIVE FESTUS, MO 63028	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	115
EQUINE-ASSISTED THERAPY INC 3369 HIGHWAY 109 WILDWOOD, MO 63038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RANKEN-JORDAN HOME FOR CONVALESCENT 11365 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	586
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	845
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY COLLEGE FOUNDATI 3221 MCKELVEY SAINT LOUIS, MO 63044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FOCUS ST LOUIS 815 OLIVE STREET STE 110 ST LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
ST LOUIS PUBLIC SCHOOLS FOUNDATION 801 N 11TH STREET ST LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INROADS INC10 SOUTH BROADWAY ST LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,555
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE 900 SPRUCE ST STE 125 SAINT LOUIS, MO 63102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 319 ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 319 ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ARCH CITY DEFENDERS INC 1210 LOCUST ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
A MILLION STARS INC 110 N JEFFERSON ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVENUE ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSIGHT THEATRE COMPANY 3224 LOCUST STREET SUITE 2I SAINT LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAINT LOUIS SYMPHONY ORCHESTRA 718 N GRAND BLVD ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALMOST HOME 3200 ST VINCENT AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALMOST HOME 3200 ST VINCENT AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CRIMINAL JUSTICE MINISTRY 1104 S JEFFERSON AVE SAINT LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
HAWTHORN LEADERSHIP SCHOOL FOR GIRL PO BOX 50059 ST LOUIS, MO 63105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE HAPPENS INC 200 SOUTH HANLEY ROAD STE 1100 CLAYTON, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CLASSICAL GUITAR SOCIETY P O BOX 11425 SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CULTURAL LEADERSHIP INC 225 S MERAMEC AVE SUITE 107 ST LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
BIOSTL7515 FORSYTH BLVD SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 CLAYTON, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LUNG ASSOCIATION 7745 CARONDELET STE 305 SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ANTI-DEFAMATION LEAGUE 222 SOUTH MERAMEC AVENUE SUITE 301 ST LOUIS, MO 63105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWTHORN LEADERSHIP SCHOOL FOUNDATI POST OFFICE BOX 50059 SAINT LOUIS, MO 63105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
RALPH M CAPTAIN ELEM 6345 NORTHWOOD AVE CLAYTON, MO 63105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
DE LA SALLE INC1106 N JEFFERSON ST LOUIS, MO 63106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD NORTH ST LOUIS RESTORATION GROU 2700 N 14TH ST ST LOUIS, MO 63106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR ST LOUIS 3225 N FLORISSANT AVENUE SAINT LOUIS, MO 63107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST MARTHAS HALLPO BOX 4950 SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR CHILDREN 920 NORTH VANDEVENTER ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE LAUNCHCODE FOUNDATION 4811 DELMAR BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZEN ST LOUIS20 S SARAH ST ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INDEPENDENCE CENTER 4245 FOREST PARK AVE SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY RYDER HOME4361 OLIVE ST ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
URBAN LEAGUE OF METROPOLITAN ST LOU 3701 GRANDEL SQUARE ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
CARDINAL GLENNON CHILDRENS FOUNDATI 3800 PARK AVENUE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL GLENNON CHILDRENS FOUNDATI 3800 PARK AVENUE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SSM HEALTH CARDINAL GLENNON CHILDRE 3800 PARK AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 4400 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 4400 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS MIRACLE NETWORK OF GREATE 5700 OAKLAND AVE STE 220 ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PARAQUAD INC5240 OAKLAND AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,201
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,498
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	634
FRIENDS OF TOWER GROVE PARK INC 4256 MAGNOLIA AVENUE ST LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
UNIVERSITY CITY SWIM CLUB 6607 ALABAMA AVE SAINT LOUIS, MO 63111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT RIVERS GREENWAY FOUNDATION 6178 DELMAR BLVD SAINT LOUIS, MO 63112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUNICIPAL THEATRE ASSOCIATION OF ST FOREST PARK ST LOUIS, MO 63112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
EVANGELICAL CHILDRENS HOME 8240 ST CHARLES ROCK ROAD ST LOUIS, MO 63114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EVANGELICAL CHILDRENS HOME 8240 ST CHARLES ROCK ROAD ST LOUIS, MO 63114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MITRATA-NEPAL FOUNDATION FOR CHILDR 3934 ARSENAL ST SAINT LOUIS, MO 63116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 8027 ELINOR AVENUE RICHMOND HEIGHTS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 1034 S BRENTWOOD BLVD STE 1510 ST LOUIS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
DELTA GAMMA CENTER FOR CHILDREN WIT 1750 S BIG BEND BLVD RICHMOND HEIGHTS, MO 63117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA GAMMA CENTER FOR CHILDREN WIT 1750 S BIG BEND BLVD RICHMOND HEIGHTS, MO 63117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NURSES FOR NEWBORNS 7259 LANDSDOWNE AVE SUITE 100 SAINT LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	989
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KWMU INC ONE UNIVERSITY BLVD ST LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY 341 S SAPPINGTON RD ST LOUIS, MO 63122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
COR JESU ACADEMY 10230 GRAVOIS ROAD SAINT LOUIS, MO 63123	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	179
COR JESU ACADEMY 10230 GRAVOIS ROAD SAINT LOUIS, MO 63123	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 63124	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,375
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 63124	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
WOMANS EXCHANGE OF ST LOUIS 8811A LADUE RD ST LOUIS, MO 63124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY PEOPLE171 KINGSTON DR ST LOUIS, MO 63125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUL DOG RESCUEPO BOX 270534 ST LOUIS, MO 63126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COAST GUARD AUXILIARY ASSOCIATION I 9449 WATSON INDUSTRIAL PARK ST LOUIS, MO 63126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATEWAY REGION YOUNG MENS CHRISTIAN 12736 SOUTHFORK RD ST LOUIS, MO 63128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN RETRIEVER FOUNDATION 6095 CLOVERGREEN PLACE SAINT LOUIS, MO 63129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BERNARD MIDDLE1054 FORDER RD ST LOUIS, MO 63129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERNARD MIDDLE1054 FORDER RD ST LOUIS, MO 63129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SHOOTING STAR PRODUCTIONS 830 ORPINGTON COURT SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED ALUMNAE AND ALUMNI OF TH 801 S SPOEDE RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CANCER SUPPORT COMMUNITY OF GREATER 1058 OLD DES PERES RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHOOTING STAR PRODUCTIONS 830 ORPINGTON COURT SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
READY TO LEARN C/O COLOR- ART 1325 N WARSON ROAD ATTENTION ELISE TIERNEY ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE CREVE COEUR, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
NATIONAL COUNCIL ON ALCOHOLISM & DR 9355 OLIVE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE DRIVE SAINT LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AUTISM SPEAKS INC 1121 OLIVETTE EXECUTIVE PARKWAY STE 220 ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DUO DOGS INC10955 LINPAGE PLACE ST LOUIS, MO 63132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 1130 HAMPTON AVENUE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY NATIONAL CORP 1130 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
THE SALVATION ARMY 1130 HAMPTON AVENUE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SAFE CONNECTIONS 2165 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE CONNECTIONS 2165 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONGREGATION BNAI AMOONA 324 SOUTH MASON ROAD SAINT LOUIS, MO 63141	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WHITFIELD SCHOOL INC 175 S MASON ROAD SAINT LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF THE MO SO 540 MARYVILLE CENTRE DR STE 200 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12125 WOODCREST EXECUTIVE DR SUITE 320 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 10425 OLD OLIVE STREET RD SUITE LL1 SAINT LOUIS, MO 63141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWAY C-2715 S MASON ROAD CREVE COEUR, MO 63141	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN OF ST LOUIS 3155 SUTTON BLVD STE 101 MAPLEWOOD, MO 63143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GIRLS ON THE RUN OF ST LOUIS 3155 SUTTON BLVD STE 101 MAPLEWOOD, MO 63143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT COUNSELING ST LOUIS 2525 S BRENTWOOD BLVD SUITE 102 ST LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,130
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,790
GATEWAY REGION YOUNG MENS CHRISTIAN 1900 URBAN DRIVE SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCYPO BOX 440400 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OUR LADYS INN 8790 MANCHESTER ROAD SUITE 202 ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT COUNSELING ST LOUIS 2525 S BRENTWOOD BLVD SUITE 102 ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL PROTECTIVE ASSOCIATION OF MI 1705 S HANLEY RD ST LOUIS, MO 63144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT COPE1845 BORMAN CT SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NAMI ST LOUIS 1810 CRAIG ROAD SUITE 124 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR STE 18 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NAMI ST LOUIS 1810 CRAIG ROAD SUITE 124 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BETA GAMMA SIGMA INC 11814 BORMAN DRIVE SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF CHARACTERPLUS 1460 CRAIG ROAD ST LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR EDUCATIONAL ADVANCEMENT 1460 CRAIG ROAD SAINT LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 63177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EMMAUS HOMES INC3731 MUELLER RD SAINT CHARLES, MO 63301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EAGLES WINGSPO BOX 441 SAINT CHARLES, MO 63302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTER CHRISTIAN CHURCH 2950 KINGS CROSSING ST CHARLES, MO 63303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HAPPY HEARTS ANIMAL RESCUE RANCH 474 HIGHWAY FF JONESBURG, MO 63351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUTHERAN HIGH SCHOOL OF ST CHARLES 5100 MEXICO ROAD SAINT PETERS, MO 63376	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACS MISSIONPO BOX 444 CAPE GIRARDEAU, MO 63701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 505 N DODGION ST INDEPENDENCE, MO 64050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 600 BROADWAY KANSAS CITY, MO 64105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
RESTART INC918 E 9TH STREET KANSAS CITY, MO 64106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	917
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT ST KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CYSTIC FIBROSIS FOUNDATION 2405 GRAND BLVD KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,975
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	833
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
CAMP FIRE 1801 MAIN STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN NEIGHBORHOOD INITIATIVE INC 2300 MAIN STREET SUITE 180 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 215 W PERSHING ROAD STE300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY BALLET ASSOCIATION 500 WEST PERSHING ROAD KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CREDIT & HOMEOWNERSHIP EMPOWERMENT 3125 GILLHAM PLAZA KANSAS CITY, MO 64109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 3100 BROADWAY ST SUITE 1020 KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY KC3011 BALTIMORE AVE KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 7611 STATE LINE ROAD STE 100 KANSAS CITY, MO 64114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY SUITE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY SUITE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KANSAS CITY HOSPICE FOUNDATION 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PKD FOUNDATION 1001 E 101ST TERRACE STE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST PETER'S PARISH815 E MEYER BLVD KANSAS CITY, MO 64131	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRINGS PWY STE 310 KANSAS CITY, MO 64153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GREATER KANSAS CITY HISPANIC COLLAB PO BOX 26155 KANSAS CITY, MO 64196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RAPHA HOUSE INTERNATIONAL INC PO BOX 1569 112B S MAIN ST JOPLIN, MO 64802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CTY, MO 65101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CTY, MO 65101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WELCOME HOME INC 2120 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOME HOME INC 2120 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS MIRACLE NETWORK OF GREATE 308 S 9TH ST APT 505 COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
THE FOOD BANK FOR CENTRAL & NORTHEA 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOOD BANK FOR CENTRAL & NORTHEA 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARINEPARENTS COM INCPO BOX 1115 COLUMBIA, MO 65205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CURATORS OF THE UNIVERSITY OF MISSO 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURATORS OF THE UNIVERSITY OF MISSO 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARROW ROCK LYCEUMPO BOX 14 ARROW ROCK, MO 65320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARROW ROCK LYCEUMPO BOX 14 ARROW ROCK, MO 65320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MISSOURI UNIVERSITY OF SCIENCE & TE 1200 NORTH PINE STREET ROLLA, MO 65409	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-OZARK CASA PROGRAM PO BOX 260 CUBA, MO 65453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DREAMCHASER PMU RESCUE ANDREHABILIT 6340 KINCHELOE DR FALCON, MO 65470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NIXA PUBLIC SCHOOLS 301 SOUTH MAIN STREET NIXA, MO 65714	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE OZARKS PO BOX 8960 SPRINGFIELD, MO 65801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GATHERING TREEPO BOX 2364 SPRINGFIELD, MO 65801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR SPRINGFIELD PUBLIC S 1131 BOONVILLE SPRINGFIELD, MO 65802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWEST MISSOURI HUMANE SOCIETY 3161 W NORTON ROAD SPRINGFIELD, MO 65803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 2446 E MADRID SPRINGFIELD, MO 65804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2446 E MADRID SPRINGFIELD, MO 65804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL FISH AND WILDLIFE 500 WEST SUNSHINE SPRINGFIELD, MO 65807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
COMMEMORATIVE AIR FORCE 6 AERO PLAZA NEW CENTURY, KS 66031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMEMORATIVE AIR FORCE 6 AERO PLAZA NEW CENTURY, KS 66031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS GOLF FOUNDATION P O BOX 3970 LAWRENCE, KS 66046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
OLATHE COMMUNITY ORCHESTRA ASSOCIAT 1454 WEST PRAIRIE TERRACE OLATHE, KS 66061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST SUITE 363 OLATHE, KS 66061	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY CONSERVANCY 444 MINNESOTA AVE SUITE 200 KANSAS CITY, KS 66101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RESURRECTION CATHOLIC SCHOOL AT THE 425 N 15TH ST KANSAS CITY, KS 66102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RESURRECTION CATHOLIC SCHOOL AT THE 425 N 15TH ST KANSAS CITY, KS 66102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNER HOUSE CLINIC INC 21 N 12TH ST STE 300 KANSAS CITY, KS 66102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
TURNER HOUSE CLINIC INC 21 N 12TH ST STE 300 KANSAS CITY, KS 66102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,572
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,448
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,863
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
KC CAUSE INCORPORATED 4761 N 123 RD ST KANSAS CITY, KS 66109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
KC CAUSE INCORPORATED 4761 N 123 RD ST KANSAS CITY, KS 66109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION FOUNDATION 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
CATHOLIC EDUCATION FOUNDATION 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
GIFT OF LIFE INC 6405 METCALF AVE 109 OVERLAND PARK, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME GUILD OF GREATER KANS 5960 DEARBORN ST SUITE 100 MISSION, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIFT OF LIFE INC 6405 METCALF AVE 109 OVERLAND PARK, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY CENTER OF SHAWNEE PO BOX 3072 SHAWNEE, KS 66203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BBQ RELIEFPO BOX 3825 SHAWNEE, KS 66203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 8900 STATE LINE RD STE 333 LEAWOOD, KS 66206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CURE OF ARS9403 MISSION RD LEAWOOD, KS 66206	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,901
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCELERATED SCHOOLS OF OVERLANDPARK 10713 BARKLEY ST OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNFLOWER HOUSE 15440 W 65TH STREET SHAWNEE, KS 66217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ANDREW OLSON FOUNDATION 3501 WEST 147TH STREET LEAWOOD, KS 66224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WASHBURN LAW SCHOOL FOUNDATION SCHO 1729 MACVICAR AVENUE TOPEKA, KS 66604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	516
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORMONT VAIL FOUNDATION 1500 SW 10TH STREET TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KANSAS CHILDRENS DISCOVERY CENTER I 4400 SW 10TH AVE TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 1315 SW ARROWHEAD RD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5375 SW 7TH ST TOPEKA, KS 66606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
TOPEKA RESCUE MISSION INC 600 N KANSAS TOPEKA, KS 66608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TOPEKA HABITAT FOR HUMANITY INC 121 NE GORDON STREET TOPEKA, KS 66608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF KANSAS 3735 SW WANAMAKER ROAD SUITE B TOPEKA, KS 66610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TOPEKA JUSTICE UNITY AND MINISTRY P TOPEKA JUMP 3033 SW MACVICAR AVE TOPEKA KS 66611 TOPEKA, KS 66611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ARC OF BUTLER COUNTY INC PO BOX 628 ANDOVER, KS 67002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JAMES CATHOLIC SCHOOL 1012 BELMONT AVE AUGUSTA, KS 67010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST MARY PARISH CATHOLIC SCHOOL 2306 EAST MEADOWLARK DERBY, KS 67037	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SALVATION ARMY350 N MARKET ST WICHITA, KS 67202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WICHITA WOMENS INITIATIVE NETWORK I 510 E 3RD ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 330 S MAIN ST SUITE 100 WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES INC 437 N TOPEKA STREET WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKFORCE ALLIANCE OF SOUTH CENTRAL 300 W DOUGLAS SUITE 850 WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
WORKFORCE ALLIANCE OF SOUTH CENTRAL 300 W DOUGLAS SUITE 850 WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37,500
E2E ACCELERATOR INC 110 S MAIN SUITE 101 WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,215
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA SEDGWICH COUNTY HISTORIAL M 204 SOUTH MAIN STREET WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WICHITA SEDGWICH COUNTY HISTORIAL M 204 SOUTH MAIN STREET WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST N WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WICHITA SEDGWICH COUNTY HISTORIAL M 204 SOUTH MAIN STREET WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WICHITA DOWNTOWN DEVELOPMENT CORPOR 507 E DOUGLAS AVE WICHITA, KS 67202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	353
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
EPISCOPAL SOCIAL SERVICES INC 1010 N MAIN WICHITA, KS 67203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CATHERINE OF SIENA CHURCH 3660 N RIDGE ROAD WICHITA, KS 67205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,770
AMERICAN HEART ASSOCIATION INC 1861 NORTH ROCK ROAD STE 380 WICHITA, KS 67206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,570
AMERICAN HEART ASSOCIATION INC 1861 NORTH ROCK ROAD STE 380 WICHITA, KS 67206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARK ARTS INC1307 N ROCK ROAD WICHITA, KS 67206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
KAPAUN MT CARMEL CATHOLIC HIGH SCHO 8506 EAST CENTRAL WICHITA, KS 67206	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
GOODWILL INDUSTRIES OF KANSAS INC PO BOX 8169 WICHITA, KS 67208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF KANSAS INC PO BOX 8169 WICHITA, KS 67208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KANSAS ELKS TRAINING CENTER FOR THE 1006 EAST WATERMAN WICHITA, KS 67211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC DIOCESE OF WICHITA 520 N BROADWAY WICHITA, KS 67214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CATHOLIC DIOCESE OF WICHITA 520 N BROADWAY WICHITA, KS 67214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC DIOCESE OF WICHITA 520 N BROADWAY WICHITA, KS 67214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 130 E MURDOCK STE 102 WICHITA, KS 67214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 130 E MURDOCK STE 102 WICHITA, KS 67214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FUNDAMENTAL LEARNING CENTER INC 2220 EAST 21ST STREET NORTH WICHITA, KS 67214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUNDAMENTAL LEARNING CENTER INC 2220 EAST 21ST STREET NORTH WICHITA, KS 67214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ST PETER CATHOLIC SCHOOL 11010 SOUTHWEST BLVD WICHITA, KS 67215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,950
WICHITA TOP CHILDRENS FUND 4600 SOUTH CLIFTON WICHITA, KS 67216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA TOP CHILDRENS FUND 4600 SOUTH CLIFTON WICHITA, KS 67216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,800
WICHITA TOP CHILDRENS FUND 4600 SOUTH CLIFTON WICHITA, KS 67216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YOUTH ENTREPRENEURS INC 4111 E 37TH ST N STE D101 WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUTH ENTREPRENEURS INC 4111 E 37TH ST N STE D101 WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BONANZA SOCIETY AIR SAFETY 3595 N WEBB ROAD SUITE 200 WICHITA, KS 67226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN PROGRESSIVE TELUGU ASSOCIA 15911 E BOXTHORN ST WICHITA, KS 67228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,950
AMERICAN PROGRESSIVE TELUGU ASSOCIA 15911 E BOXTHORN ST WICHITA, KS 67228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHIREDZI RIVER AFRICAN WILDLIFE TRU 2011 N CROOKED PINE ST WICHITA, KS 67230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHIREDZI RIVER AFRICAN WILDLIFE TRU 2011 N CROOKED PINE ST WICHITA, KS 67230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT TEACHER INCPO BOX 9062 WICHITA, KS 67277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM HOOVES THERAPEUTIC RIDING C PO BOX 782622 WICHITA, KS 67278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	195
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF RENO COUNTY INC 2020 N WALDRON ST STE 100 HUTCHINSON, KS 67502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MIDLANDS COMMUNITY FOUNDATION 217 N JEFFERSON ST PAPILLION, NE 68046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
PAPILLION LAVISTA SCHOOLS FOUNDATIO 242 WEST GRANT STREET PAPILLION, NE 68046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1007 LEAVENWORTH ST OMAHA, NE 68102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOLY NAME CHURCH 3014 N 45TH STREET OMAHA, NE 68104	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
HOLY NAME CHURCH 3014 N 45TH STREET OMAHA, NE 68104	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOLY NAME SCHOOL 2901 FONTENELLE BLVD OMAHA, NE 68104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN URBAN EDUCATION SERVICE 2207 WIRT STREET OMAHA, NE 68110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHRISTIAN URBAN EDUCATION SERVICE 2207 WIRT STREET OMAHA, NE 68110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE SALVATION ARMY10755 BURT ST OMAHA, NE 68114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY10755 BURT ST OMAHA, NE 68114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 9202 WEST DODGE ROAD 304 OMAHA, NE 68114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CREIGHTON PREPARATORY SCHOOL 7400 WESTERN AVENUE OMAHA, NE 68114	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREIGHTON PREPARATORY SCHOOL 7400 WESTERN AVENUE OMAHA, NE 68114	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
SPECIAL OLYMPICS NEBRASKA INC 9427 F STREET OMAHA, NE 68127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	335
SPECIAL OLYMPICS NEBRASKA INC 9427 F STREET OMAHA, NE 68127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VJ & ANGELA SKUTT CATHOLIC HIGH SCH 3131 S 156TH ST OMAHA, NE 68130	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,511
MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HEART HEROES INC6621 S 172ND AVE OMAHA, NE 68135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HEART HEROES INC6621 S 172ND AVE OMAHA, NE 68135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STEPHEN THE MARTYR SCHOOL 16701 S ST OMAHA, NE 68135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ACKERMAN ELEMENTARY SCHOOL 5110 S 156TH ST OMAHA, NE 68135	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
VISION PARTNERS 17465 RIVIERA DRIVE OMAHA, NE 68136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BLVD SUITE 103 OMAHA, NE 68137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
MAKE-A-WISH OF NEBRASKA 11836 ARBOR ST OMAHA, NE 68144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARTHRITIS FOUNDATION INC 11414 WEST CENTER ROAD 348 OMAHA, NE 68144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA AT OMAHA ALU 60TH DODGE STREET OMAHA, NE 68182	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL ARBOR DAY FOUNDATION 211 N 12TH ST LINCOLN, NE 68508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
FOUNDATION FOR LINCOLN CITY LIBRARI 136 S 14TH STREET LINCOLN, NE 68508	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 5733 S 34TH STREET STE 500 LINCOLN, NE 68516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LOVE JUSTICE INTERNATIONAL 5816 SPRUCE ST LINCOLN, NE 68516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4613 FAIRFIELD STREET METAIRIE, LA 70006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4613 FAIRFIELD STREET METAIRIE, LA 70006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CATHOLIC CHARITIES ARCHDIOCESE OF N 1000 HOWARD AVENUE NEW ORLEANS, LA 70113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES ARCHDIOCESE OF N 1000 HOWARD AVENUE NEW ORLEANS, LA 70113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC805 HOWARD AVE NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES ARCHDIOCESE OF N 1000 HOWARD AVENUE NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ACADEMY OF THE SACRED HEART 4521 SAINT CHARLES AVENUE NEW ORLEANS, LA 70115	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE BOX 909 NEW ORLEANS, LA 70118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE BOX 909 NEW ORLEANS, LA 70118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HARCH HYPERBARIC INSTITUTE INC 228 AUDUBON BLVD NEW ORLEANS, LA 70118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST BERNARD PROJECT INC 2645 TOULOUSE ST NEW ORLEANS, LA 70119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ORLEANS AREA HABITAT FOR HUMANI 2900 ELYSIAN FIELDS NEW ORLEANS, LA 70122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRIDGE HOUSE CORPORATION 4150 EARHART BLVD NEW ORLEANS, LA 70125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NEW ORLEANS INTERNATI HOMER L HITT ALUMNI VISITORS CENTER 2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,800
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PRO BONO PUBLICO FOUNDATION POBOX 531024 NEW ORLEANS, LA 70153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOGS FOR THE CAUSEPO BOX 792300 NEW ORLEANS, LA 70179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HOGS FOR THE CAUSEPO BOX 792300 NEW ORLEANS, LA 70179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,040
INSTITUTE FOR INDIAN DEVELOPMENT IN 991 GRAND CAILLOU ROAD HOUMA, LA 70363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSHORE FOOD BANK 840 N COLUMBIA STREET COVINGTON, LA 70433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NORTHSHORE COMMUNITY FOUNDATION 807 NORTH COLUMBIA STREET COVINGTON, LA 70433	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
ALEXANDER MILNE DEVELOPMENTAL SERVI 1065 MILNE CIRCLE COVINGTON, LA 70435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWLING GREEN SCHOOL 700 VARNADO ST FRANKLINTON, LA 70438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
COMMUNITY FOUNDATION OF ACADIANA 1035 CAMELLIA BLVD 100 LAFAYETTE, LA 70508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	930
COMMUNITY FOUNDATION OF ACADIANA 1035 CAMELLIA BLVD 100 LAFAYETTE, LA 70508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF ACADIANA 1035 CAMELLIA BLVD 100 LAFAYETTE, LA 70508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,425
COMMUNITY FOUNDATION OF ACADIANA 1035 CAMELLIA BLVD 100 LAFAYETTE, LA 70508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ACADIANA HUMANE SOCIETY INC PO DRAWER C SUNSET, LA 70584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADIANA HUMANE SOCIETY INC PO DRAWER C SUNSET, LA 70584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ACADIANA HUMANE SOCIETY INC PO DRAWER C SUNSET, LA 70584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
THE FAMILY TREE INFORMATION EDUCATI PO BOX 62904 LAFAYETTE, LA 70596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MC NEESE STATE UNIVERSITY FOUNDATIO BOX 91989 LAKE CHARLES, LA 70609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,076
SOWELA TECHNICAL COMMUNITY COLLEGE P O BOX 16950 LAKE CHARLES, LA 70616	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	450
ST FRANCISVILLE AREA FOUNDATION INC POST OFFICE BOX 797 SAINT FRANCISVILLE, LA 70775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L S U FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
L S U FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
L S U FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF ST VINCENT DE PAUL BATON PO BOX 127 BATON ROUGE, LA 70802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 521 3RD ST BATON ROUGE, LA 70802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LSU LABORATORY SCHOOL 45 DALRYMPLE DRIVE BATON ROUGE, LA 70803	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATON ROUGE LITTLE THEATER INC 7155 FLORIDA BOULEVARD BATON ROUGE, LA 70806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 9547 BROOKLINE AVENUE BATON ROUGE, LA 70809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY INC 10528 KENTSHIRE COURT BATON ROUGE, LA 70810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 10532 S GLENSTONE PLACE SUITE C BATON ROUGE, LA 70810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VOLUNTEERS IN PUBLIC SCHOOLS INC 3000 NORTH SHERWOOD FOREST DRIVE BATON ROUGE, LA 70814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 14615 BATON ROGUE, LA 70898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI SCHOOL FOR SHREVEPORT 2605 C E GALLOWAY BLVD SHREVEPORT, LA 71104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MONTESSORI SCHOOL FOR SHREVEPORT 2605 C E GALLOWAY BLVD SHREVEPORT, LA 71104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHRISTUS SCHUMPERT HEALTH SYSTEM FO 7591 FERN AVENUE SUITE 1903 SHREVEPORT, LA 71105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID TOMS CHARITABLE FOUNDATION 1111 ACADEMY DR SHREVEPORT, LA 71115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRONT 9 TOURPO BOX 44554 SHREVEPORT, LA 71134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRONT 9 TOURPO BOX 44554 SHREVEPORT, LA 71134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY501 E 12TH PINE BLUFF, AR 71601	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF ARKANSAS FOUNDATION I 1200 N UNIVERSITY DRIVE PINE BLUFF, AR 71601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FULL CIRLCE 3604315 SCOTT AVE PINE BLUFF, AR 71603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUACHITA BAPTIST UNIVERSITY 410 OUACHITA OBU BOX 3754 ARKADELPHIA, AR 71998	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,050
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS EDUCATIONAL TELECOMMUNICAT 350 S DONAGHEY CONWAY, AR 72034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
CONWAY CRADLE CARE2400 PRINCE ST CONWAY, AR 72034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF CENTRAL ARKA P O BOX 530 NORTH LITTLE ROCK, AR 72115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY1111 W MARKAM LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN HEART ASSOCIATION INC 909 W 2ND STREET LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,475
CITY YEAR INC800 W MARKHAM ST LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF LITTLE ROCK INC 401 SOUTH SCOTT STREET LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MUSEUM OF DISCOVERY 500 PRESIDENT CLINTON AVENUE SUITE 150 LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LITTLE ROCK CHAMBER FOUNDATION TERM ONE CHAMBER PLAZA LITTLE ROCK, AR 72201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	32,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,804
BOY SCOUTS OF AMERICA 3220 CANTRELL ROAD LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,210
THE ROTARY CLUB 99 FOUNDATION 621 E CAPITOL AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
ARKANSAS STATE COUNCIL ON ECONOMIC PO BOX 3447 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ARKANSAS STATE COUNCIL ON ECONOMIC PO BOX 3447 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CAMP ALDERSGATE INC 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARKANSAS FOUNDATION I 4301 W MARKHAM ST MS 623F LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ARKANSAS FOUNDATION I 4301 W MARKHAM ST MS 623F LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CYSTIC FIBROSIS FOUNDATION 320 EXECUTIVE COURT SUITE 302 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,370
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 320 EXECUTIVE COURT SUITE 302 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,755
SUSAN G KOMEN BREAST CANCER FOUNDAT 904 AUTUMN ROAD STE 500 LITTLE ROCK, AR 72207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY OF CENTRAL AR 6700 S UNIVERSITY AVE LITTLE ROCK, AR 72209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF CENTRAL AR 6700 S UNIVERSITY AVE LITTLE ROCK, AR 72209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,400
SUSAN G KOMEN BREAST CANCER FOUNDAT 904 AUTUMN ROAD SUITE 500 LITTLE ROCK, AR 72211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JDRF INTERNATIONAL 11324 ARCADE DRIVE SUITE 16 LITTLE ROCK, AR 72212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARKANSAS SYMPHONY ORCHESTRA SOC POST OFFICE BOX 7328 LITTLE ROCK, AR 72217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
THE ARKANSAS SYMPHONY ORCHESTRA SOC POST OFFICE BOX 7328 LITTLE ROCK, AR 72217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ARKANSAS SYMPHONY ORCHESTRA SOC POST OFFICE BOX 7328 LITTLE ROCK, AR 72217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS HELPERS OF PULASKI COUNT PO BOX 25413 LITTLE ROCK, AR 72221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,825
JUNIOR ACHIEVEMENT OF ARKANSAS 1001 TECHNOLOGY DRIVE SUITE 201 LITTLE ROCK, AR 72223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF ARKANSAS 1001 TECHNOLOGY DRIVE SUITE 201 LITTLE ROCK, AR 72223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARKANSAS 1001 TECHNOLOGY DRIVE SUITE 201 LITTLE ROCK, AR 72223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
EL ZOCALO IMMIGRANT RESOURCE CENTER PO BOX 250953 LITTLE ROCK, AR 72225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ST BERNARDS HOSPITAL DEVELOPMENT FO 400 EAST STREET JONESBORO, AR 72401	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF NORTHEAST ARKANSAS PO BOX 2097 JONESBORO, AR 72402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 19051 JONESBORO, AR 72403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARKANSAS PET SAVERS331 HWY 463 N TRUMANN, AR 72472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS PET SAVERS331 HWY 463 N TRUMANN, AR 72472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FLIPPIN SCHOOL DISTRICT 103 ALFORD ST FLIPPIN, AR 72634	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	5,000
FLIPPIN SCHOOL DISTRICT 103 ALFORD ST FLIPPIN, AR 72634	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELIZABETH RICHARDSON CENTER INC 10 S COLLEGE AVENUE FAYETTEVILLE, AR 72701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WASHINGTON REGIONAL MEDICAL FOUNDAT PO BOX 356 FAYETTEVILLE, AR 72702	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	4,500
BIG BROTHERS-BIG SISTERS OF NORTHWE 130 E POPLAR ST STE C FAYETTEVILLE, AR 72703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACE AT HOME FAMILY SHELTER INC PO BOX 10946 FAYETTEVILLE, AR 72703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WELCOMEHEALTH 1100 N WOOLSEY AVENUE FAYETTEVILLE, AR 72703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PURE INC210 N WALTON BLVD STE 27 BENTONVILLE, AR 72712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF BENTON COUNT PO BOX 448 BENTONVILLE, AR 72712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SINGLE PARENT SCHOLARSHIP FUND OF B 2601 SW D STREET BENTONVILLE, AR 72712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
PURE INC210 N WALTON BLVD STE 27 BENTONVILLE, AR 72712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHWEST ARKANSAS IN 100 PARKWOOD ST LOWELL, AR 72745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
UNITED WAY OF NORTHWEST ARKANSAS IN 100 PARKWOOD ST LOWELL, AR 72745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SAMARITAN HOUSE COMMUNITY CENTER 1211 WEST HUDSON ROAD ROGERS, AR 72756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOULS HARBOR OF ROGERS INC 1206 N 2ND ST ROGERS, AR 72756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ADULT DEVELOPMENT CENTER OF BENTON 2202 N 24TH ST ROGERS, AR 72757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
INSPIRATIONAL HEALING GARDENS INC PO BOX 1289 ROGERS, AR 72757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF NORTHWEST ARKANSAS INC 3825 CAWOOD LANE SPRINGDALE, AR 72762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BOY SCOUTS OF AMERICA 1401 OLD GREENWOOD RD FORT SMITH, AR 72764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY NETWORK INC614 E EMMA AVE SPRINGDALE, AR 72764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUBIACO ACADEMY 405 NO SUBIACO AVE SUBIACO, AR 72865	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,331
CANCER SUPPORT FOUNDATION 3324 SOUTH M STREET FORT SMITH, AR 72903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DEER CREEK COMMUNITY ENRICHMENT FOU 20701 N MACARTHUR BLVD EDMOND, OK 73012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC PO BOX 1193 CHOCTAW, OK 73020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENT BOOSTER USA INC PO BOX 1193 CHOCTAW, OK 73020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OKLAHOMA COUNCIL ON ECONOMIC EDUCAT 100 NORTH UNIVERSITY DRIVE BOX 103 EDMOND, OK 73034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMAN ARTS AND HUMANITIES COUNCIL 122 EAST MAIN STREET NORMAN, OK 73069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CENTER FOR CHILDREN AND FAMILIES IN 210 S COCKREL AVE NORMAN, OK 73071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GROUND ZERO EMERGENCY TRAINING CENT 700 W TIMBERDELL ROAD NORMAN, OK 73072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUND ZERO EMERGENCY TRAINING CENT 700 W TIMBERDELL ROAD NORMAN, OK 73072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES OF PO BOX 7979 EDMOND, OK 73083	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
REMERGE OF OK COUNTY INC PO BOX 2845 OKLAHOMA CITY, OK 73101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA PHILHARMONIC SOCIETY INC 424 COLCORD DR STE B OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ALLIED ARTS FOUNDATION 1015 N BROADWAY AVENUE SUITE 200 OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALLIED ARTS FOUNDATION 1015 N BROADWAY AVENUE SUITE 200 OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIED ARTS FOUNDATION 1015 N BROADWAY AVENUE SUITE 200 OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
OKLAHOMA LAWYERS FOR CHILDREN INC 800 N HARVEY AVE SUITE 323 OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
SUSAN G KOMEN BREAST CANCER FOUNDAT 101 PARK AVE SUITE 225 OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDA 431 W MAIN ST SUITE E OKLAHOMA CITY, OK 73102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDA 431 W MAIN ST SUITE E OKLAHOMA CITY, OK 73102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDA 431 W MAIN ST SUITE E OKLAHOMA CITY, OK 73102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CITY PHILHARMONIC FOUNDATI 424 COLCORD DR STE B OKLAHOMA CITY, OK 73102	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	750
BIG BROTHERS BIG SISTERS OF OKLAHOM 2000 N CLASSEN BLVD OKLAHOMA CITY, OK 73106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CITY CARE INC 1700 NW 17TH ST SUITE 100 OKLAHOMA CITY, OK 73106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYRIC THEATRE OF OKLAHOMA INC 1727 NW 16TH STREET OKLAHOMA CITY, OK 73106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OKLAHOMA CONTEMPORARY ARTS CENTER I 3000 GENERAL PERSHING BLVD OKLAHOMA CITY, OK 73107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73112	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73112	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 3401 NW 63RD ST STE 200 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 3401 NW 63RD ST STE 200 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 730 W WILSHIRE BLVD STE 105 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
REBUILDING TOGETHER OKC INC 730 WEST WILSHIRE BOULEVARD 108 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKC, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKLAHOMA CITY, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP OKLAHOMA CITY INC 730 W WILSHIRE BLVD SUITE 116 OKLAHOMA CITY, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
CROSSINGS COMMUNITY CLINIC INC 10255 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 73120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING CATHOLIC SCHOOL 1905 ELMHURST OKLAHOMA CITY, OK 73120	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	310
CROOKED OAK HS1450 S EASTERN OKLAHOMA CITY, OK 73129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
POSITIVE TOMORROWS INC P O BOX 61190 OKLAHOMA CITY, OK 73146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTMAS CONNECTION INC PO BOX 891020 OKLAHOMA CITY, OK 73189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SARAS PROJECT INCPO BOX 1396 ARDMORE, OK 73401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GOODWILL INDUSTRIES OF SOUTHWEST OK 1210 SW SUMMIT AVE LAWTON, OK 73501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWTON FOOD BANK INCPO BOX 3812 LAWTON, OK 73502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAWTON PHILHARMONIC SOCIETY INC PO BOX 1473 LAWTON, OK 73502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAWTON PHILHARMONIC SOCIETY INC PO BOX 1473 LAWTON, OK 73502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWTON PHILHARMONIC SOCIETY INC PO BOX 1473 LAWTON, OK 73502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMANCHE COUNTY MEMORIAL FOUNDATIO P O BOX 2309 SECTION 1 LAWTON, OK 73502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CANCER CENTERS OF SOUTHWEST OKLAHOM 104 NW 31ST LAWTON, OK 73505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICINE PARK MUSEUM OF NATURAL SCI PO BOX 337 MEDICINE PARK, OK 73557	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY GROUND FORCES ASSOCIATION 711 W UTE AVE STILLWATER, OK 74075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CITY YEAR INC 15 E FIFTH STREET SUITE 1621 TULSA, OK 74103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,600
CITY YEAR INC 15 E FIFTH STREET SUITE 1621 TULSA, OK 74103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 420 S MAIN STREET SUITE 200 TULSA, OK 74103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 2227 E SKELLY DRIVE TULSA, OK 74105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,411
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CROSSTOWN LEARNING CENTER INC 2501 E ARCHER STREET TULSA, OK 74110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ENGINEERS IN ACTION 6910 EAST 14TH STREET TULSA, OK 74112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIV RESOURCE CONSORTIUM INC 3712 EAST 11TH STREET TULSA, OK 74112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ASSISTANCE LEAGUE OF TULSA 3408 E 11TH ST TULSA, OK 74112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ST PIUS X SCHOOL1727 S 75TH E AVE TULSA, OK 74112	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION IN TULSA 1870 SOUTH BOULDER AVENUE TULSA, OK 74119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	253
MENTAL HEALTH ASSOCIATION IN TULSA 1870 SOUTH BOULDER AVENUE TULSA, OK 74119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
MENTAL HEALTH ASSOCIATION IN TULSA 1870 SOUTH BOULDER AVENUE TULSA, OK 74119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION IN TULSA 1870 SOUTH BOULDER AVENUE TULSA, OK 74119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REBUILDING TOGETHER TULSA A NON-PRO 14 EAST 7TH STREET TULSA, OK 74119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JDRF INTERNATIONAL 907 SOUTH DETROIT SUITE 1006 TULSA, OK 74120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,755
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	336
VOLUNTEERS OF AMERICA INC 9605 E 61ST STREET TULSA, OK 74133	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF OKLAHOMA FOUNDATION I 4502 EAST 41ST STREET TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA PROJECT WOMAN INC 7146 S BRADEN AVE 300 TULSA, OK 74136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS HOSPITAL FOUNDATION 6600 S YALE AVE SUITE 975 TULSA, OK 74136	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125,000
METRO CHRISTIAN ACADEMY FOUNDATION 6363 S TRENTON TULSA, OK 74136	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATIVE OPPORTUNITIES UNLIMITED 3826 S 92ND E PL TULSA, OK 74145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CREATIVE OPPORTUNITIES UNLIMITED 3826 S 92ND E PL TULSA, OK 74145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 4110 S 100TH E AVE - GRANT BLDG STE 101 TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 4295 S GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 4110 S 100TH E AVE - GRANT BLDG STE 101 TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	353
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL GARDENSPO BOX 52034 TULSA, OK 74152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PHILBROOK MUSEUM OF ART INC PO BOX 52510 TULSA, OK 74152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
GLOBAL GARDENSPO BOX 52034 TULSA, OK 74152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RATTANPOST OFFICE BOX 44 RATTAN, OK 74562	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPPORTUNITY CENTER FOUNDATION I 1401 ACADEMY ROAD PONCA CITY, OK 74604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH TEXAS JUNIOR GOLF & EDUCATION 16200 ADDISON ROAD SUITE 255 ADDISON, TX 75001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
1 MILLION 4 ANNA FOUNDATION 15301 DALLAS PKWY 1100 ADDISON, TX 75001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AMERICAN FALLEN SOLDIERS PROJEC 4275 KELLWAY CIRCLE SUITE 132 ADDISON, TX 75001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EPILEPSY FOUNDATION OF TEXAS 5080 SPECTRUM DRIVE SUITE 1150E ADDISON, TX 75001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LUPUS FOUNDATION OF AMERICA 14675 MIDWAY ROAD SUITE 201 ADDISON, TX 75001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEN COMMUNITY OUTREACH 801 E MAIN ST ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DALLAS REPERTOIRE BALLET 7 PRESTIGE CIRCLE 100 ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2105 LUNA RD SUITE 390 CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	665
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2105 LUNA RD SUITE 390 CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NSHS ORCHESTRA BOOSTER CLUB 2335 N JOSEY LN CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2105 LUNA RD SUITE 390 CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2105 LUNA RD SUITE 390 CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
POLSER EL1520 POLSER RD CARROLLTON, TX 75010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PTA TEXAS CONGRESS 1120 NEWPORT DRIVE ALLEN, TX 75013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA TEXAS CONGRESS 1120 NEWPORT DRIVE ALLEN, TX 75013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLOSSIE FLOYD GREEN EL 1315 COMANCHE ALLEN, TX 75013	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
KERR EL1325 GLENDOVER DR ALLEN, TX 75013	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
EDUCATIONAL SOCIAL CULTURAL ORGANIZ PO BOX 153841 IRVING TX 75015 IRVING, TX 75015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL SOCIAL CULTURAL ORGANIZ PO BOX 153841 IRVING TX 75015 IRVING, TX 75015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BALLAS YOUTH ORGANIZATION PO BOX 165371 IRVING, TX 75016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LONE STAR LABRADOR RETRIEVER RESCUE PO BOX 2286 COPPELL, TX 75019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONE STAR LABRADOR RETRIEVER RESCUE PO BOX 2286 COPPELL, TX 75019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIETY FOR PRESERVATION & ENCRGMNT PO BOX 3063 COPPELL, TX 75019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WELLINGTON EL3900 KENWOOD DR FLOWER MOUND, TX 75022	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,920
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MINNIES FOOD PANTRY INC 3033 W PARKER RD SUITE 117 PLANO, TX 75023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MINNIES FOOD PANTRY INC 3033 W PARKER ROAD PLANO, TX 75023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLAR CAR CHALLENGE FOUNDATION 3505 CASSIDY DR PLANO, TX 75023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MINNIES FOOD PANTRY INC 3033 W PARKER RD SUITE 117 PLANO, TX 75023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MINNIES FOOD PANTRY INC 3033 W PARKER RD SUITE 117 PLANO, TX 75023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNIES FOOD PANTRY INC 3033 W PARKER RD SUITE 117 PLANO, TX 75023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MINNIES FOOD PANTRY INC 3033 W PARKER RD SUITE 117 PLANO, TX 75023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5830 GRANITE PKWY 100 - 320 PLANO, TX 75024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS4500 QUICY LN PLANO, TX 75024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANGOU 2221 JUSTIN RD SUITE 119-443 FLOWER MOUND, TX 75028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GRANGOU 2221 JUSTIN RD SUITE 119-443 FLOWER MOUND, TX 75028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS OF NORTH TEX PO BOX 295543 LEWISVILLE, TX 75029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BOYS & GIRLS CLUB OF COLLIN COUNTY 7790 MAIN ST FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COLLIN COUNTY 7790 MAIN ST FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BOYS & GIRLS CLUB OF COLLIN COUNTY 7790 MAIN ST FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
GRACE CHURCH FRISCO 8440 GRACE STREET FRISCO, TX 75034	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STALEY MIDDLE SCHOOL BAND PARENT AS 6927 STADIUM LANE FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
GIRLS LACROSSE CLUB OF FRISCO INC 6513 CANYON RANCH RD FRISCO, TX 75034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 7411 NICHOLS TRAIL FRISCO, TX 75034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FIRST UNITED METHODIST CHURCH OF FR 7659 PRESTON ROAD FRISCO, TX 75034	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF PAYIR INC 9610 SHIRLAND LN FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DATTA YOGA CENTER 12030 INDEPENDENCE PARKWAY FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PARENT BOOSTER USA INC 5151 OHIO DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
LAWLER MIDDLE12921 ROLATER ROAD FRISCO, TX 75035	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
GREAT HEARTS IRVING 3350 W STORY RD IRVING, TX 75038	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF NORTH TEX 6655 DESEO IRVING, TX 75039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MAKE-A-WISH FOUNDATION OF NORTH TEX 6655 DESEO IRVING, TX 75039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ELEVATE GREATER DALLAS 802 BLOSSOM RD GARLAND, TX 75041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL OF DALLAS950 TRAILS PKWY GARLAND, TX 75043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	716
ACHIEVEMENT CENTER OF TEXAS INC 2950 NORTH SHILOH ROAD GARLAND, TX 75045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	747
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	82
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	82
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STARS UNITED GLOBAL OUTREACH 4201 SALEM ST GRAND PRAIRIE, TX 75052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STARS UNITED GLOBAL OUTREACH 4201 SALEM ST GRAND PRAIRIE, TX 75052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EDURIGHT FOUNDATION INC 10408 JACKSON HOLE LN MCKINNEY, TX 75057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWISVILLE EDUCATION FOUNDATION INC 400 WEST MAIN LEWISVILLE, TX 75057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CORINTH CLASSICAL ACADEMY 1301 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAHBAR FOUNDATION INC 2436 KENT DR IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CANINE COMPANIONS FOR INDEPENDENCE 7710 LAS COLINAS RIDGE IRVING, TX 75063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOM JOYNER FOUNDATION INC PO BOX 630495 IRVING, TX 75063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CANINE COMPANIONS FOR INDEPENDENCE 7710 LAS COLINAS RIDGE IRVING, TX 75063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANINE COMPANIONS FOR INDEPENDENCE 7710 LAS COLINAS RIDGE IRVING, TX 75063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,500
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	19,400
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE ELM AREA YOUTH SPORTS ASSOCI PO BOX 103 LITTLE ELM, TX 75068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
AVVAI TAMIL CENTER 2452 VALLEY GLEN DR LITTLE ELM, TX 75068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 2060 COUCH DRIVE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
LITTLE LEAGUE BASEBALL INC 5100 ELDORADO PKWY SUITE 102-291 MCKINNEY, TX 75070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPCA OF TEXAS8411 STACY ROAD MCKINNEY, TX 75070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS8411 STACY ROAD MCKINNEY, TX 75070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
SPCA OF TEXAS8411 STACY ROAD MCKINNEY, TX 75070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PTA TEXAS CONGRESS 3721 HUDSON CROSSING MCKINNEY, TX 75070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROY LEE WALKER EL4000 COCKRILL DR MCKINNEY, TX 75070	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	800
COMSTOCK EL7152 SILVERADO TRAIL MCKINNEY, TX 75070	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF IMAGINE INTERNATIONAL AC 2680 VIRGINIA PARKWAY MCKINNEY, TX 75071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMILYS PLACE INCPO BOX 860911 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,200
ISLAMIC RELIEF USA 2600 K AVENUE 170 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ISLAMIC RELIEF USA 2600 K AVENUE 170 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	626
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,200
JOURNEY OF HOPE GRIEF SUPPORT CENTE 3900 WEST 15TH STREET SUITE 306 PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	652
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
FOOD ALLERGY RESEARCH & EDUCATION I 1255 W 15TH ST STE 445 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,976
FIRST LIBERTY INSTITUTE 2001 W PLANO PARKWAY STE 1600 PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	606
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HEROES FOR CHILDREN 1701 GATEWAY BLVD SUITE 410 RICHARDSON, TX 75080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISD EXCELLENCE IN EDUCATION FOUNDA 400 S GREENVILLE AVENUE RICHARDSON, TX 75081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
RISD EXCELLENCE IN EDUCATION FOUNDA 400 S GREENVILLE AVENUE RICHARDSON, TX 75081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHLOES PET RESCUE 2406 BUTTERCUP DR RICHARDSON, TX 75082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHLOES PET RESCUE 2406 BUTTERCUP DR RICHARDSON, TX 75082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHLOES PET RESCUE 2406 BUTTERCUP DR RICHARDSON, TX 75082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 75083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON ADULT LITERACY CENTER P O BOX 835936 RICHARDSON, TX 75083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 75083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PEARCE COMMUNITY WOMANS CLUB PO BOX 836361 RICHARDSON, TX 75083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEARCE COMMUNITY WOMANS CLUB PO BOX 836361 RICHARDSON, TX 75083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
LAST WELL INC 2255 RIDGE RD STE 206A ROCKWALL, TX 75087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
THE SALVATION ARMY 5700 TEXOMA PARKWAY SHERMAN, TX 75090	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANO CHILDRENS THEATRE 6121 W PARK BLVD SUITE B216 PLANO, TX 75093	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
PLANO CHILDRENS THEATRE 6121 W PARK BLVD SUITE B216 PLANO, TX 75093	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
PRINCE OF PEACE CATHOLIC SCHOOL 5100 PLANO PARKWAY WEST PLANO, TX 75093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCE OF PEACE CATHOLIC SCHOOL 5100 PLANO PARKWAY WEST PLANO, TX 75093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BRIDGES SAFEHOUSE INCPO BOX 1161 CEDAR HILL, TX 75106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CANTERBURY EPISCOPAL SCHOOL 1708 N WESTMORELAND RD DESOTO, TX 75115	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CANTERBURY EPISCOPAL SCHOOL 1708 N WESTMORELAND RD DESOTO, TX 75115	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
STRAYDOG INC8741 FM 1861 EUSTACE, TX 75124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
STRAYDOG INC8741 FM 1861 EUSTACE, TX 75124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE FARMERS OF AMERICA STATE ASS PO BOX 554 KAUFMAN, TX 75142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FUTURE FARMERS OF AMERICA STATE ASS PO BOX 554 KAUFMAN, TX 75142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILL ANIMAL RESCUE INC POST OFFICE BOX 367 SEAGOVILLE TX, TX 75159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ELLIS COUNTY SOCIETY FOR THE PREVEN 2570 FARM TO MARKET 878 WAXAHACHIE, TX 75165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WAXAHACHIE GLOBAL H S 275 INDIAN DRIVE WAXAHACHIE, TX 75165	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAXAHACHIE GLOBAL H S 275 INDIAN DRIVE WAXAHACHIE, TX 75165	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GOSPEL FOR ASIA INC 1116 ST THOMAS WAY WILLS POINT, TX 75169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,705
FIRST PRESBYTERIAN CHURCH 1835 YOUNG STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	4,125
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	50
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	997
YOUNG WOMENS PREPARATORY NETWORK 1722 ROUTH STREET SUITE 722 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	69
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
PEGASUS FOUNDATION DALLAS INSTITUTE 2719 ROUTH STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,026
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
AKOLA PROJECT INC 2111 COMMERCE ST DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	479
PEROT MUSEUM OF NATURE AND SCIENCE 2201 N FIELD STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS THEATER CENTER 2400 FLORA STREET DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NASHER SCULPTURE CENTER 2001 FLORA STREET DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	188
TACA INC1722 ROUTH STREET STE 115 DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHER SCULPTURE CENTER 2001 FLORA STREET DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CAFE MOMENTUM1510 PACIFIC AVE DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATG AGAINST THE GRAIN PRODUCTIONS I 3839 MCKINNEY AVE STE 155-231 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
METRO DALLAS HOMELESS ALLIANCE 2816 SWISS AVE DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DALLAS FOUNDATION A TX NONPROFIT CO 3232 MCKINNEY AVENUE SUITE 855 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAPITAL FOR KIDS 2807 ALLEN STREET PMB 816 DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKS AND WILDLIFE FOUNDATION OF TE 2914 SWISS AVENUE DALLAS, TX 75204	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE KATY TRAIL INC 5207 MCKINNEY AVE SUIT 19A DALLAS, TX 75205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE KATY TRAIL INC 5207 MCKINNEY AVE SUIT 19A DALLAS, TX 75205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
DALLAS WOMENS FOUNDATION 8150 NORTH CENTRAL EXPRESSWAY SUITE 110 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS WOMENS FOUNDATION 8150 N CENTRAL EXPY STE 110 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
OUR FRIENDS PLACE 6500 GREENVILLE AVE SUITE 620 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DALLAS WOMENS FOUNDATION 8150 NORTH CENTRAL EXPRESSWAY SUITE 110 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS WOMENS FOUNDATION 8150 N CENTRAL EXPY STE 110 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOMMIES IN NEED INC 8150 N CENTRAL EXPY SUITE 1625 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RAINBOW DAYS INC 8150 N CENTRAL EXPRESSWAY SUITE M1003 DALLAS, TX 75206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MEDICAL CENTER OF DALLAS 2777 N STEMMONS FREEWAY SUITE 700 DALLAS, TX 75207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE BIRTHDAY PARTY PROJECT 2143 FARRINGTON DALLAS, TX 75207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
DESIGN INDUSTRIES FOUNDATION FIGHTI 2050 N STEMMONS FRWY 262 DALLAS, TX 75207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONCILIO 400 S ZANG BLVD SUITE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRMA LERMA RANGEL YOUNG WOMEN'S LEA 1718 ROBERT B CULLUM BLVD DALLAS, TX 75210	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,560
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY OF CARMEL SCHOOL 1716 SINGLETON BLVD DALLAS, TX 75212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUBS OF GREATER DALLA PO BOX 140189 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WOODROW WILSON HIGH SCHOOL COMMUNIT PO BOX 140062 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER DALLA PO BOX 140189 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF METROPOLITAN DALLAS 7112 GASTON AVENUE DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BOYS & GIRLS CLUBS OF GREATER DALLA PO BOX 140189 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODROW WILSON HIGH SCHOOL COMMUNIT PO BOX 140062 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF METROPOLITAN DALLAS 7112 GASTON AVENUE DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WOODROW WILSON HIGH SCHOOL COMMUNIT PO BOX 140062 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUPMOBILE INC 2423 S GOOD LATIMER EXPY DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST PHILIPS SCHOOL & COMMUNITY CENTE 1600 PENNSYLVANIA AVENUE DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TERRANCE M JOHNSON DANCE PROJECT 3024A MAHANNA SPRINGS DRIVE DALLAS, TX 75215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRANCE M JOHNSON DANCE PROJECT 3024A MAHANNA SPRINGS DRIVE DALLAS, TX 75215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N ST AUGUSTINE ST DALLAS, TX 75217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST JOHNS EPISCOPAL SCHOOL 848 HARTER ROAD DALLAS, TX 75218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS EPISCOPAL SCHOOL 848 HARTER ROAD DALLAS, TX 75218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ST JOHNS EPISCOPAL SCHOOL 848 HARTER ROAD DALLAS, TX 75218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 75218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY APPEAL INC PO BOX 190507 DALLAS, TX 75219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 3800 MAPLE AVENUE STE 435 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SENIOR CITIZENS OF GREATER DALLAS I 3910 HARRY HINES BLVD DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVENUE SUITE 100 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHELTER MINISTRIES OF DALLAS 4411 LEMMON AVENUE SUITE 201 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FINE ARTS CHAMBER PLAYERS 3630 HARRY HINES BOULEVARD DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SENIOR CITIZENS OF GREATER DALLAS I 3910 HARRY HINES BLVD DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	439
THE CRYSTAL CHARITY BALL 3838 OAK LAWN AVENUE SUITE L150 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
NATIONAL OVARIAN CANCER COALITION I 3800 MAPLE AVENUE STE 435 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 3800 MAPLE AVENUE DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVENUE SUITE 100 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVENUE SUITE 100 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COUNCIL OF DALLAS3826 GILBERT AVE DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINE ARTS CHAMBER PLAYERS 3630 HARRY HINES BOULEVARD DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,523
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG D POWDERPUFF TACKLING ALZHEIMER PO BOX 191403 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	570
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUBILEE PARK & COMMUNITY CENTER COR PO BOX 710759 DALLAS, TX 75223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER NORTH COMMUNITY IMPROVEME 3446 HOLLIDAY RD DALLAS, TX 75224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
29 ACRES INC4516 LOVERS LANE 129 DALLAS, TX 75225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYER EL8385 DURHAM DALLAS, TX 75225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CHRIST THE KING CATHOLIC SCHOOL 4100 COLGATE AVENUE DALLAS, TX 75225	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	625
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,350
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CARRY THE LOAD514 S HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CITYSQUARE4000 EAST SIDE AVENUE DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
THE LAMPLIGHTER SCHOOL 11611 INWOOD ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CAMBRIDGE SCHOOL OF DALLAS 3877 WALNUT HILL LANE DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAMPLIGHTER SCHOOL 11611 INWOOD ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,945
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETINA FOUNDATION OF THE SOUTHWEST 9600 CENTRAL EXPRESSWAY STE 200 DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	536
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEZMORE PROJECT INC 10000 N CENTRAL EXPRESSWAY - SUITE 1045 DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FELLOWSHIP CHRISTIAN ACADEMY 1821 W CAMP WISDOM RD DALLAS, TX 75232	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
AMERICAN HARP SOCIETY 3417 PEBBLE BEACH DRIVE FARMERS BRANCH, TX 75234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,400
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES INC 4707 BENGAL STREET DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PTA TEXAS CONGRESS 10301 WALNUT HILL LANE DALLAS, TX 75238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SECONDARY ASSOCIATION OF D 8494 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
LUTHERAN SECONDARY ASSOCIATION OF D 8494 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
YMCA OF METROPOLITAN DALLAS 8920 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAPE BROADCASTING FOUNDATION INC 11311 NORTH CENTRA LEXPRESSWAY 105 DALLAS, TX 75243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
YMCA OF METROPOLITAN DALLAS 8920 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PARISH EPISCOPAL SCHOOL 4101 SIGMA ROAD FARMERS BRANCH, TX 75244	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 4100 ALPHA ROAD SUITE 100 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	290
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,375
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANE ROSSO RESCUE 1421 WEST MAIN STREET CARROLLTON, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,202
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,290
ST RITA SCHOOL12525 INWOOD RD DALLAS, TX 75244	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST RITA SCHOOL12525 INWOOD RD DALLAS, TX 75244	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE BARNETT TOWER SUITE 100 DALLAS, TX 75246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE BARNETT TOWER SUITE 100 DALLAS, TX 75246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE SALVATION ARMY 8787 NSTEMMONS FREEWAY DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 8787 N STEMMONS FWY STE 800 DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 8787 NSTEMMONS FREEWAY DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
UGM OF DALLAS3211 IRVING BLVD DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UGM OF DALLAS3211 IRVING BLVD DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
UGM OF DALLAS3211 IRVING BLVD DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	67
TEXPROTECTS-THE TEXAS ASSOCIATION F 1341 W MOCKINGBIRD LN SUITE 560W DALLAS, TX 75247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	226
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WIPE OUT KIDS CANCER INC 1349 EMPIRE CENTRAL SUITE 240 DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARK HOUSE FOUNDATION 7107 HUNTERS RIDGE DR DALLAS, TX 75248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ARK HOUSE FOUNDATION 7107 HUNTERS RIDGE DR DALLAS, TX 75248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PTA TEXAS CONGRESS 7667 ROUNDROCK RD DALLAS, TX 75248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 7667 ROUNDROCK RD DALLAS, TX 75248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	907
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CATHOLIC FOUNDATION 12222 MERIT DRIVE SUITE 850 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,875
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CATHOLIC FOUNDATION 12222 MERIT DRIVE SUITE 850 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,812
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SKY RANCH FOUNDATION 7616 LBJ FREEWAY SUITE 500 DALLAS, TX 75251	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA DELTA DELTA FOUNDATION 14951 N DALLAS PKWY STE 500 DALLAS, TX 75254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
WILDCAT YOUTH SPORTS ORGANIZATION 17833 MARY MAGARET ST DALLAS, TX 75287	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FRAZIER REVITALIZATION INC PO BOX 152926 DALLAS, TX 75315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE FAIR OF TEXASPO BOX 150009 DALLAS, TX 75315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
BE THE DIFFERENCE FOUNDATION PO BOX 540954 DALLAS, TX 75354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF WRRPO BOX 12323 DALLAS, TX 75357	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF EXALL PARK PO BOX 710206 DALLAS, TX 75371	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
ANGEL FLIGHT INCPO BOX 763760 DALLAS, TX 75376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL FLIGHT INCPO BOX 763760 DALLAS, TX 75376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMEMORATIVE AIR FORCE PO BOX 764769 DALLAS, TX 75376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEART HOUSEPO BOX 823162 DALLAS, TX 75382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARMERSVILLE OUTREACH ALLIANCE INC 16760 COUNTY ROAD 605 FARMERSVILLE, TX 75442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL SOCIETY OF THE DAUGHTERS O PO BOX 544 WHITEWRIGHT, TX 75491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
VAN ALSTYNE EDUCATION FOUNDATION IN PO BOX 1620 VAN ALSTYNE, TX 75495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHWIDE SURGICAL FOUNDATION 1933 EASTWOOD DRIVE HENDERSON, TX 75652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHARLES E HOLMAN MORGELLONS DISEASE PO BOX 1109 LONE STAR, TX 75668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REGIONAL EAST TEXAS FOOD BANK 3201 ROBERTSON ROAD TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL EAST TEXAS FOOD BANK 3201 ROBERTSON ROAD TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CYSTIC FIBROSIS FOUNDATION 1021 EAST SOUTHEAST LOOP 323 SUITE 300C TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF TYLER INC 1919 S DONNYBROOK AVENUE TYLER, TX 75701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
JUNIOR LEAGUE OF TYLER INC 1919 S DONNYBROOK AVENUE TYLER, TX 75701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHRISTUS TRINITY MOTHER FRANCES FOU 611 S FLEISHEL TYLER, TX 75701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTUS TRINITY MOTHER FRANCES FOU 611 S FLEISHEL TYLER, TX 75701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
CHRISTUS TRINITY MOTHER FRANCES FOU 800 E DAWSON TYLER, TX 75701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 633 N BROADWAY AVE TYLER, TX 75702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MENTORING ALLIANCE 504 W 32ND ST TYLER, TX 75702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,365
GOODWILL INDUSTRIES OF EAST TEXAS I 409 W LOCUST STREET TYLER, TX 75702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 822 W FRONT STREET TYLER, TX 75702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MENTORING ALLIANCE 504 W 32ND ST TYLER, TX 75702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE MENTORING ALLIANCE 504 W 32ND ST TYLER, TX 75702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF SMITH COUNTY 4908 HIGHTECH DRIVE TYLER, TX 75703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
SMITH COUNTY CHAMPIONS FOR CHILDREN 4883 HIGHTECH DRIVE TYLER, TX 75703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOOT CAMPAIGN INC 5755 EAGLES NEST BLVD SUITE 2 TYLER, TX 75703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF SMITH COUNTY 4908 HIGHTECH DRIVE TYLER, TX 75703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
WOMENS FUND OF SMITH COUNTY 4908 HIGHTECH DRIVE TYLER, TX 75703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
EAST TEXAS CRISIS CENTER INC PO BOX 7060 TYLER, TX 75711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TYLER JUNIOR GOLF FOUNDATION PO BOX 74 BULLARD, TX 75757	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDEMPTION CHURCH OF ARLINGTON TEXA PO BOX 786 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RIVER LEGACY FOUNDATION 703 NW GREEN OAKS BLVD ARLINGTON, TX 76006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RIVER LEGACY FOUNDATION 703 NW GREEN OAKS BLVD ARLINGTON, TX 76006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 205 WEST MAIN ARLINGTON, TX 76010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ARLINGTON LIFE SHELTER 325 W DIVISION ST ARLINGTON, TX 76011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
TRINITY KIDS INC 2704 FOX CREEK TRAIL ARLINGTON, TX 76017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS AT ARLINGTON 701 SOUTH NIEDDERMAN DRIVE ARLINGTON, TX 76019	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
IOG685 BOLING RANCH ROAD AZLE, TX 76020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
6 STONES MISSION NETWORK 209 N INDUSTRIAL BLVD SUITE 241 BEDFORD, TX 76021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 509 PEACH STREET CROWLEY, TX 76036	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 509 PEACH STREET CROWLEY, TX 76036	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,215
BRIDGES TRAINING FOUNDATION 110 E OHIO MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMAR EL2012 S E 12TH ST MINERAL WELLS, TX 76067	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BUDDIES PLACE130 CANULL LANE WEATHERFORD, TX 76087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN RESQ 551 PEARSON RANCH RD WEATHERFORD, TX 76087	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECTHANDUPP O BOX 398 GRAPEVINE, TX 76099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
UNLIKELY HEROES INCPO BOX 518 GRAPEVINE, TX 76099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PROJECTHANDUPP O BOX 398 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECTHANDUPP O BOX 398 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECTHANDUPP O BOX 398 GRAPEVINE, TX 76099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,168
AOC EDUCATIONAL FOUNDATION INC C/O TIMOTHY OCONNER - PO BOX 748 FT WORTH, TX 76101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1300 SUMMIT AVE STE 350 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL930 W 1ST ST203 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1300 SUMMIT AVE STE 350 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL930 W 1ST ST203 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CASA OF TARRANT COUNTY INC 101 SUMMIT AVENUE STE 505 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL930 W 1ST ST203 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF TARRANT COUNTY INC 101 SUMMIT AVENUE STE 505 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
JDRF INTERNATIONAL930 W 1ST ST203 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL930 W 1ST ST203 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
DOWN SYNDROME PARTNERSHIP OF NORTH 1200 SUMMIT AVENUE 508 FORT WORTH, TX 76102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
YMCA OF METROPOLITAN FORT WORTH END 512 LAMAR ST SUITE 400 FORT WORTH, TX 76102	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN FORT WORTH END 512 LAMAR ST SUITE 400 FORT WORTH, TX 76102	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
SAFEHAVEN OF TARRANT COUNTY 1100 HEMPHILL ST STE 303 FORT WORTH, TX 76104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CRISTO REY FORT WORTH STUDY PROGRAM 1007 EAST TERRELL AVENUE FORT WORTH, TX 76104	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FORT WORTH ART ASSOCIATION 3200 DARNELL STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
MENTAL HEALTH AMERICA OF GREATER TA 3136 W 4TH ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
THE PARENTING CENTER 2928 W 5TH STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
REAL SCHOOL GARDENS 1700 UNIVERSITY DR STE 260 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CYSTIC FIBROSIS FOUNDATION 3840 HULEN STREET SUITE 600 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STREAMS & VALLEYS INC 2918 WINGATE STEEET FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF GREATER TA 3136 W 4TH ST FORT WORTH, TX 76107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORT WORTH MUSEUM OF SCIENCE AND HI 1600 GENDY STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
CASA MANANA INC3101 W LANCASTER FORT WORTH, TX 76107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA MANANA INC3101 W LANCASTER FORT WORTH, TX 76107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS EPISCOPAL SCHOOL 9700 SAINTS CIRCLE FT WORTH, TX 76108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ALL SAINTS EPISCOPAL SCHOOL 9700 SAINTS CIRCLE FT WORTH, TX 76108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREWER H S1025 W LOOP 820 NORTH FORT WORTH, TX 76108	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ART STATION 1616 PARK PLACE AVENUE FORT WORTH, TX 76110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AIDS OUTREACH CENTER INC 400 NORTH BEACH STREET SUITE 100 FORT WORTH, TX 76111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF GREATER T 6707 BRENTWOOD STAIR ROAD SUITE 510 FORT WORTH, TX 76112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,500
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	12,000
NEW KEY SCHOOL INC 3947 EAST LOOP 820 S FORT WORTH, TX 76119	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACH CHILD AND FAMILY SERVICES 3712 WICHITA STREET FORT WORTH, TX 76119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TRAIN YOUR MIND TRAIN YOUR GAME BAS 4020 FOXHOUND LANE FORT WORTH, TX 76123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
TRAIN YOUR MIND TRAIN YOUR GAME BAS 4020 FOXHOUND LANE FORT WORTH, TX 76123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLS PROMISE SICKLE CELL FOUNDATI 2632 GRAND GULF RD FORT WORTH, TX 76123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAROLS PROMISE SICKLE CELL FOUNDATI 2632 GRAND GULF RD FORT WORTH, TX 76123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAROLS PROMISE SICKLE CELL FOUNDATI 2632 GRAND GULF RD FORT WORTH, TX 76123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREITY FOUNDATIONPO BOX 126038 FORT WORTH, TX 76126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEXAS CHRISTIAN UNIVERSITY 2800 S UNIVERSITY TCU BOX 298000 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY 2800 S UNIVERSITY TCU BOX 298000 FORT WORTH, TX 76129	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
FAMILY PATHFINDERS OF TARRANT COUNT PO BOX 470869 FORT WORTH, TX 76147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 5937 WHITLEY RD WATAUGA, TX 76148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHERYLS VOICEPO BOX 331312 FORT WORTH, TX 76163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAND-IN-HAND SHARE MISSIONS 2116 BIGGS ST FORT WORTH, TX 76177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
TEXAS COALITION FOR ANIMAL PROTECTI PO BOX 77016 FORT WORTH, TX 76177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL LEADERSHIP OF TEXAS - 500 OLD DECATUR RD N SAGINAW, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 76203	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHENS EL133 GARZA RD SHADY SHORES, TX 76208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
STEPHENS EL133 GARZA RD SHADY SHORES, TX 76208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
STEPHENS EL133 GARZA RD SHADY SHORES, TX 76208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALLIES HEROES INC 5017 TEASLEY LANE SUITE 145 PMB 36 DENTON, TX 76210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LITTLE ELM AREA YOUTH SPORTS ASSOCI 8913 WAGON TRAIL CROSSROADS, TX 76227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AIMEES LOVE COMES FIRST RESCUE INC 7300 WEST LINE RD COLLINSVILLE, TX 76233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST YOUTH SPORTS ASSOCIATION PO BOX 987 JUSTIN, TX 76247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WHITE BRIDLE HUMANE SOCIETY 660 KELLER SMITHFIELD RD KELLER, TX 76248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 1010 9TH ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FALLS AREA FOOD BANK 1230 MIDWESTERN PARKWAY WICHITA FALLS, TX 76307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WICHITA FALLS FAITH MISSION INC P O BOX 965 WICHITA FALLS, TX 76307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WICHITA FALLS AREA FOOD BANK 1230 MIDWESTERN PARKWAY WICHITA FALLS, TX 76307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3604 MAPLEWOOD AVE WICHITA FALLS, TX 76308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHERWOOD & MYRTIE FOSTER HOME FOR C PO BOX 978 STEPHENVILLE, TX 76401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
SHERWOOD & MYRTIE FOSTER HOME FOR C PO BOX 978 STEPHENVILLE, TX 76401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITAS OF WACO 300 SOUTH 15TH STREET WACO, TX 76701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
WACO ISD EDUCATION FOUNDATION 501 FRANKLIN AVENUE WACO, TX 76701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMYPO BOX 268 WACO, TX 76703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALITHA KOUM INSTITUTE P O BOX 2202 WACO, TX 76703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WACO ISD 501 FRANKLIN AVE 10TH FLOOR WACO, TX 76703	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
WACO CULTURAL ARTS FEST 814 ELM AVE WACO, TX 76704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL TEXAS SENIOR MINISTRY 501 W WACO DRIVE WACO, TX 76707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
CAMERON PARK ZOOLOGICAL & BOTANICAL 1703 NORTH 4TH STREET WACO, TX 76707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CONCHO VALLEY WORKFORCE DEVELOPMENT 36 EAST TWOHIG AVENUE SUITE 805 SAN ANGELO, TX 76903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 77001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,500
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 77001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,780
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 77001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40,000
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY1500 AUSTIN ST HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BUFFALO BAYOU PARTNERSHIP 1019 COMMERCE ST STE 200 HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,090
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JOSE CLINIC2615 FANNIN HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
THE POSSE FOUNDATION INC 1001 MCKINNEY STREET SUITE 950 HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,255
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	652
UNITED NEGRO COLLEGE FUND INC 2101 CRAWFORD ST STE 307 HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
NEW HOPE HOUSING INC 3315 HARRISBURG BLVD STE 400 HOUSTON, TX 77003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEXTOP INC2929 MCKINNEY STREET HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW HOPE HOUSING INC 3315 HARRISBURG BLVD STE 400 HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
NEW HOPE HOUSING INC 3315 HARRISBURG BLVD STE 400 HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE HOUSING INC 3315 HARRISBURG BLVD STE 400 HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1213 HERMANN DR SUITE 525 HOUSTON, TX 77004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES VETERANS INITIATIVE 1200 BINZ STREET SUITE 290 HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CORPORATION FOR SUPPORTIVE HOUSING 1111 ROSALIE SUITE 310 HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1213 HERMANN DR SUITE 525 HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN ST MS 531 HOUSTON, TX 77005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,900
CHILDRENS ASSESSMENT CENTER FOUNDAT 2500 BOLSOVER ST HOUSTON, TX 77005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
ANNUNCIATION ORTHODOX SCHOOL 3600 YOAKUM BOULEVARD HOUSTON, TX 77006	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNUNCIATION ORTHODOX SCHOOL 3600 YOAKUM BOULEVARD HOUSTON, TX 77006	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INPRINT INC1521 WEST MAIN STREET HOUSTON, TX 77006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
THE WOMENS HOME 607 WESTHEIMER ROAD HOUSTON, TX 77006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	845
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOMENS HOME 607 WESTHEIMER ROAD HOUSTON, TX 77006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	884
FAMILY SERVICE CENTER AT HOUSTON AN 4625 LILLIAN ST HOUSTON, TX 77007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY SERVICE CENTER AT HOUSTON AN 4625 LILLIAN ST HOUSTON, TX 77007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENWOOD CEMETERY HISTORIC PRESERVA 2525 WASHINGTON AVE HOUSTON, TX 77007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 602 SAWYER STREET STE 201 HOUSTON, TX 77007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ST THERESA CATHOLIC SCHOOL 6623 RODRIGO ST HOUSTON, TX 77007	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 1111 NORTH LOOP WEST STE 740 HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOCAL INITIATIVES SUPPORT CORPORATI 1111 NORTH LOOP WEST STE 740 HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON CHOW CHOW CONNECTION 448 W 19TH ST BOX 553 HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FYIMS INCORPORATED 107 E 22ND STREET HOUSTON, TX 77008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FYIMS INCORPORATED 107 E 22ND STREET HOUSTON, TX 77008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
REBUILDING TOGETHER HOUSTON 110NGREENWOOD SUITE 100 HOUSTON, TX 77011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SER-JOBS FOR PROGRESS OF THE TEXAS 201 BROADWAY STREET HOUSTON, TX 77012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SER-JOBS FOR PROGRESS OF THE TEXAS 201 BROADWAY STREET HOUSTON, TX 77012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GENERAL COUNCIL ON FINANCE & ADMINS 2002 W 43RD STREET HOUSTON, TX 77018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
KIDS MEALS INC 330 GARDEN OAKS BLVD HOUSTON, TX 77018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS SCHOOL 2401 CLAREMONT LANE HOUSTON, TX 77019	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JOHNS SCHOOL 2401 CLAREMONT LANE HOUSTON, TX 77019	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,750
BOYS AND GIRLS CLUBS OF GREATER HOU 815 CROSBY ST HOUSTON, TX 77019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILAMBAM HOUSTON 3201 ALLEN PKWY SUITE 150 HOUSTON, TX 77019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FIFTH WARD COMMUNITY REDEVELOPMENT 4300 LYONS AVE HOUSTON, TX 77020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
TOOLBANK USA INC1215 GAZIN HOUSTON, TX 77020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FINANCIAL MENTORS OF AMERICA INC 10655 MEMORIAL DR HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON ARBORETUM & NATURE CENTER 4501 WOODWAY DRIVE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CANCARE INC9575 KATY FWY STE 428 HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CURE STARTS NOW INC 8849 CHATSWORTH DRIVE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CURE STARTS NOW INC 8849 CHATSWORTH DRIVE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALO HOUSE FOUNDATION 4010 BLUE BONNET BLVD 110 HOUSTON, TX 77025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNDIES FOR EVERYONE 4019 S BRAESWOOD BLVD HOUSTON, TX 77025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
SMALL STEPS NURTURING CENTER 2902 JENSEN DRIVE HOUSTON, TX 77026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR AMIGOS DE LAS AMERIC 1800 WEST LOOP SOUTH SUITE 1325 HOUSTON, TX 77027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANTI-DEFAMATION LEAGUE 4635 SOUTHWEST FREEWAY SUITE 400 HOUSTON, TX 77027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANTI-DEFAMATION LEAGUE 4635 SOUTHWEST FREEWAY SUITE 400 HOUSTON, TX 77027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 6977 MAIN STREET HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TEXAS CHILDRENS HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
SHRINERS HOSPITALS FOR CHILDREN 6977 MAIN STREET HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 6977 MAIN STREET HOUSTON, TX 77030	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TEXAS CHILDRENS HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNITED SERVICE ORGANIZATIONS INC 14657 SNEIDER STREET BUILDING 1056 SUITE 109 HOUSTON, TX 77034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROSE12700 N FEATHERWOOD HOUSTON, TX 77034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE ROSE12700 N FEATHERWOOD HOUSTON, TX 77034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	382
CHINESE COMMUNITY CENTER INC 9800 TOWN PARK DR HOUSTON, TX 77036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NONPAREIL INSTITUTE 10675 RICHMOND AVENUE SUITE 120 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 2 GREENWAY PLAZA SUITE 500 HOUSTON, TX 77046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LONE SURVIVOR FOUNDATION 2636 S LOOP W STE 280 HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON TEXANS FOUNDATION 2 NRG PARK HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE 100 CLUB INC 5555 SAN FELIPE ST STE 1750 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
JDRF INTERNATIONAL 1776 YORKTOWN SUITE 560 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 5120 WOODWAY DR HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE 100 CLUB INC 5555 SAN FELIPE ST STE 1750 HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC 5120 WOODWAY DR HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1776 YORKTOWN SUITE 560 HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILD BUILDERS 2425 FOUNTAIN VIEW SUITE 210 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DR SUITE 100 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DR SUITE 100 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILD BUILDERS 2425 FOUNTAIN VIEW SUITE 210 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW DR STE 900 HOUSTON, TX 77057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON FOUNDATION 2700 BAY AREA BLVD MAIL CODE 318 HOUSTON, TX 77058	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
GALVESTON BAY FOUNDATION 1100 HERCULES AVENUE SUITE 200 HOUSTON, TX 77058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GALVESTON BAY FOUNDATION 1100 HERCULES AVENUE SUITE 200 HOUSTON, TX 77058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
HOMEAID AMERICA INC 9511 W SAM HOUSTON PARKWAY NORTH HOUSTON, TX 77064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER PROVIDERS OF HOUSTON INC 9511 WEST SAM HOUSTON PARKWAY NORTH HOUSTON, TX 77064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TURNER SYNDROME SOCIETY OF THE UNIT 11250 WEST ROAD BLDG - G HOUSTON, TX 77065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ADOPT A CAT INC 5050 FM 1960 SUITE 103 HOUSTON, TX 77069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT A CAT INC 5050 FM 1960 SUITE 103 HOUSTON, TX 77069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL FBESTHABITATNWHCORG HOUSTON, TX 77070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
VIETNAMESE CULTURE AND SCIENCE ASSO 13080 BELLAIRE BLVD SUITE G HOUSTON, TX 77072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 1560 HOUSTON, TX 77074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 1560 HOUSTON, TX 77074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 1560 HOUSTON, TX 77074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR LATINO-JEWISH RELATIONS 150 W PARKER RD 3FL HOUSTON, TX 77076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HWY 6 S STE A HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HWY 6 S STE A HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HWY 6 S STE A HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,825
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HWY 6 S STE A HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	778
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HWY 6 S STE A HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	730
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESYS WORKS 14400 MEMORIAL DRIVE SUITE 200 HOUSTON, TX 77079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
SPRING BRANCH BASEBALL PROGRAM INC 8526 PITNER ROAD HOUSTON, TX 77080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPRING BRANCH BASEBALL PROGRAM INC 8526 PITNER ROAD HOUSTON, TX 77080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERS CREEK EL10650 BEINHORN HOUSTON, TX 77080	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,250
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	304
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 5420 DASHWOOD DRIVE SUITE 302 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,691
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANGLADESH ASSOCIATION 13415 RENN ROAD HOUSTON, TX 77083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CRISTO REY JESUIT HIGH SCHOOL OF HO 6700 MOUNT CARMEL STREET HOUSTON, TX 77087	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
NORTHWEST ASSISTANCE MINISTRIES 15555 KUYKENDAHL ROAD HOUSTON, TX 77090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGE FELLOWSHIP 11251 NORTHWEST FWY SUITE 330 HOUSTON, TX 77092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN NATIONAL RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GIRL SCOUTS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN NATIONAL RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT GRAD HOUSTON 3000 RICHMOND AVENUE SUITE 400 HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GIRL SCOUTS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36,000
GIRL SCOUTS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BAYLOR COLLEGE OF MEDICINE OFFICE OF PHILANTHROPY AND ALUMNI RELATIONS MSC 800 PO BOX 4976 HOUSTON, TX 77210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
BAYLOR COLLEGE OF MEDICINE OFFICE OF PHILANTHROPY AND ALUMNI RELATIONS MSC 800 PO BOX 4976 HOUSTON, TX 77210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABANDONED LITTLE ANGELS-NHOM TINH T PO BOX 772255 HOUSTON, TX 77215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
THE COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECIPE FOR SUCCESS FOUNDATION PO BOX 56405 HOUSTON, TX 77256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPACE CENTER ROTARY CLUB ENDOWMENT PO BOX 58862 HOUSTON, TX 77258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TREES FOR HOUSTONPO BOX 270477 HOUSTON, TX 77277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF TEXAS INC PO BOX 8306 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COUGAR COOKERS 12390 LONGMIRE COVE CONROE, TX 77304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
COUGAR COOKERS 12390 LONGMIRE COVE CONROE, TX 77304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA 4582 KINGWOOD DR 247 KINGWOOD, TX 77345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
WREATHS ACROSS AMERICA 4582 KINGWOOD DR 247 KINGWOOD, TX 77345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
WREATHS ACROSS AMERICA 4582 KINGWOOD DR 247 KINGWOOD, TX 77345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY PREPARATORY CHRISTIAN ACADEM 9768 RESEARCH FOREST DRIVE THE WOODLANDS, TX 77354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LEGACY PREPARATORY CHRISTIAN ACADEM 9768 RESEARCH FOREST DRIVE THE WOODLANDS, TX 77354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CITIZENS FOR ANIMALS OF MIDLAND ODE 1085 HIGH MEADOW RANCH DR MAGNOLIA, TX 77355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN STATES EQUINE SAVERS INC 20702 BALDWIN LN PORTER, TX 77365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
SOUTHERN STATES EQUINE SAVERS INC 20702 BALDWIN LN PORTER, TX 77365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,580
SOUTHERN STATES EQUINE SAVERS INC 20702 BALDWIN LN PORTER, TX 77365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,299
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN STATES EQUINE SAVERS INC 20702 BALDWIN LN PORTER, TX 77365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTHERN STATES EQUINE SAVERS INC 20702 BALDWIN LN PORTER, TX 77365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,462
NORTHWEST FLYERS INCORPORATED 12 GALLOWAY GATES COURT TOMBALL, TX 77377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYPRESS WOODLANDS JUNIOR FORUM 16000 STUEBNER AIRLINE SUITE 240 SPRING, TX 77379	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAITHBRIDGE CHURCH 18000 STUEBNER AIRLINE ROAD SPRING, TX 77379	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,680
WOODLANDS CHRISTIAN CENTER INC 7 SWITCHBUD PLACE 192-235 THE WOODLANDS, TX 77380	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JUNIOR LEAGUE OF NORTH HARRIS C 2219 SAWDUST ROAD SUITE 1403 THE WOODLANDS, TX 77380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 6145 SHADOWBEND PLACE SPRING, TX 77381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MONTGOMERY COUNTY FOOD BANK INC ONE FOOD FOR LIFE WAY CONROE, TX 77385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPION LIFE CENTRE3031 FM 2920 SPRING, TX 77388	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS DEFENSE FUND 5410 BELLAIRE BLVD 203 BELLAIRE, TX 77401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EVELYNS PARK CONSERVANCY 4400 BELLAIRE BLVD BELLAIRE, TX 77401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 2016 BELLAIRE, TX 77402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,358
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	635
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	635
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAND BAPTIST CHURCH 1407 WEST GRAND PARKWAY SOUTH KATY, TX 77404	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,270
TOURETTE ASSOCIATION OF AMERICA INC 3919 RIVER FOREST DRIVE RICHMOND, TX 77406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	89
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
FOUNDATION BEYOND BELIEF INC PO BOX 531 BARKER, TX 77413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RENNELL ELEMENTARY PTO 10707 BURNET BROOK LANE CYPRESS, TX 77433	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILING DOG FARMSP O BOX 743 WHARTON, TX 77488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SMILING DOG FARMSP O BOX 743 WHARTON, TX 77488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN LAKES HIGH SCHOOL BAND BOOSTE 7251 S FRY RD KATY, TX 77494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SHORT MUGS RESCUE SQUAD 9550 SPRING GREEN BLVD 408-156 KATY, TX 77494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAVING OUR COMPANION ANIMALS - FORT 15734 WELLSHIRE VILLAGE COURT SUGAR LAND, TX 77498	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE OVER TROUBLED WATERS INC 3811 ALLEN GENOA RD PASADENA, TX 77504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FRIENDSWOOD FINE ARTS INSTITUTE PO BOX 2090 FRIENDSWOOD, TX 77549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
ROSENBERG LIBRARY ASSOCIATION 2310 SEALY GALVESTON, TX 77550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RONALD MCDONALD HOUSE OF GALVES 301 14TH ST GALVESTON, TX 77550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE RONALD MCDONALD HOUSE OF GALVES 301 14TH ST GALVESTON, TX 77550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
THE RONALD MCDONALD HOUSE OF GALVES 301 14TH ST GALVESTON, TX 77550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RONALD MCDONALD HOUSE OF GALVES 301 14TH ST GALVESTON, TX 77550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 3020 53RD STREET GALVESTON, TX 77551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
LITTLE LEAGUE BASEBALL 3211 80TH ST GALVESTON, TX 77551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BRAZORIA WILDLIFE REFUGE PO BOX 505 LAKE JACKSON, TX 77566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
HABITAT FOR HUMANITY INTERNATIONAL 12 CIRCLE WAY LAKE JACKSON, TX 77566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF BRAZORIA WILDLIFE REFUGE PO BOX 505 LAKE JACKSON, TX 77566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 12 CIRCLE WAY LAKE JACKSON, TX 77566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRAZOSPORT HEALTH FOUNDATION INC PO BOX 90 LAKE JACKSON, TX 77566	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
TODAYS HARBOR FOR CHILDREN 514 BAYRIDGE RD LA PORTE, TX 77571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF CLEAR CREEK PO BOX 2723 LEAGUE CITY, TX 77574	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PTA TEXAS CONGRESS 5810 BROOKSIDE ROAD PEARLAND, TX 77581	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
ALL TEXAS DACHSHUND RESCUE PO BOX 841336 PEARLAND, TX 77584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE EVELYN M MEADOR COMM P O BOX 684 SEABROOK, TX 77586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CLEAR LAKE LUNAR RENDEZVOUS FESTIVA PO BOX 57486 WEBSTER, TX 77598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CLEAR LAKE LUNAR RENDEZVOUS FESTIVA PO BOX 57486 WEBSTER, TX 77598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAR LAKE LUNAR RENDEZVOUS FESTIVA PO BOX 57486 WEBSTER, TX 77598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,800
SOUTHEAST EDUCATIONAL FOUNDATION 8200 HIGHWAY 105 BEAUMONT, TX 77657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
SOUTHEAST EDUCATIONAL FOUNDATION 8200 HIGHWAY 105 BEAUMONT, TX 77657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BEAUMONT & NORTH JEFF 700 NORTH ST H BEAUMONT, TX 77701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
JUNIOR ACHIEVEMENT USA 505 MILAM STREET STE 700 BEAUMONT, TX 77701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
THE BEAUMONT CHILDRENS MUSEUM PO BOX 407 BEAUMONT, TX 77704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4 BAYOU BRANDT DR SUITE B BEAUMONT, TX 77706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY P O BOX 73 BRYAN TEXAS 77806 BRYAN, TX 77801	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 119 LAKE ST BRYAN, TX 77801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
40 DAYS FOR LIFE4112 E 29TH ST BRYAN, TX 77802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRYAN ISD EDUCATION FOUNDATION 101 N TEXAS AVENUE BRYAN, TX 77803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOYS CLUBS OF BRAZOS COUNTY INC PO BOX 524 BRYAN, TX 77806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUBS OF BRAZOS COUNTY INC PO BOX 524 BRYAN, TX 77806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	117
AGGIELAND HUMANE SOCIETY 5359 LEONARD ROAD BRYAN, TX 77807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,467
MISSION RECLAIMEDPO BOX 723 ANDERSON, TX 77830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,200
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,450
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
BIG BROTHERS BIG SISTERS OF SOUTH T 315 TAUBER AVENUE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHY WORLD HEALTHY CHILDREN P O BOX 10194 COLLEGE STATION, TX 77842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TEXAS A&M UNIVERSITY 3380 UNIVERSITY DRIVE EAST COLLEGE STATION, TX 77843	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
TEXAS A&M UNIVERSITY 3380 UNIVERSITY DRIVE EAST COLLEGE STATION, TX 77843	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A&M UNIVERSITY 3380 UNIVERSITY DRIVE EAST COLLEGE STATION, TX 77843	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF VICTORIA INC PO BOX 2565 VICTORIA, TX 77902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPERATION OVERWATCHPO BOX 1805 BANDERA, TX 78003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABANDONED PET PROJECTPO BOX 2413 BOERNE, TX 78006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF CIBOLO WILDERNESS 140 CITY PARK RD BOERNE, TX 78006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ABANDONED PET PROJECTPO BOX 2413 BOERNE, TX 78006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXECUTIVE WOMEN INTERNATIONAL BUSIN 1505 HARRY WURZBACH SAN ANTONIO, TX 78015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EXECUTIVE WOMEN INTERNATIONAL BUSIN 1505 HARRY WURZBACH SAN ANTONIO, TX 78015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HELOTES HUMANE SOCIETYPO BOX 908 HELOTES, TX 78023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	319
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTH T 1127 E MAIN ST SUITE 108 KERRVILLE, TX 78028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SOUTH T 1127 E MAIN ST SUITE 108 KERRVILLE, TX 78028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 313 W VILLAGE BLVD SUITE 111 LAREDO, TX 78041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4703 WAREHOUSE LANE LAREDO, TX 78041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GODS DOGS RESCUE 12750 TRAWALTER LANE VON ORMY, TX 78073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GODS DOGS RESCUE 12750 TRAWALTER LANE VON ORMY, TX 78073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	516
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYSVILLE INCPO BOX 369 CONVERSE, TX 78109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
BOYSVILLE INCPO BOX 369 CONVERSE, TX 78109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
SAN ANTONIO HIGHLAND GAMES ASSOCIAT PO BOX 5526 SAN ANTONIO, TX 78201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARVER DEVELOPMENT BOARD 226 N HACKBERRY SAN ANTONIO, TX 78202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAN ANTONIO FOR GROWTH ON THE EASTS 220 CHESTNUT SAN ANTONIO, TX 78202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE CARVER DEVELOPMENT BOARD 226 N HACKBERRY SAN ANTONIO, TX 78202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVENUE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVENUE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
TEACH FOR AMERICA INC 700 NORTH SAINT MARYS STREET SUITE 200 SAN ANTONIO, TX 78205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,050
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
LIFTFUND INC2007 W MARTIN ST SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,001
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SA YOUTHPO BOX 7844 SAN ANTONIO, TX 78207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34,350
TEXAS CAVALIERS CHARITABLE FOUNDATI 1250 NE LOOP 410 STE 234 SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WITTE MUSEUM3801 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITTE MUSEUM3801 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 6678 SAN ANTONIO, TX 78209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WITTE MUSEUM3801 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCNAY ART MUSEUM 6000 N NEW BRAUNFELS AVE SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MULE TEAM INC 1100 NE LOOP 410 SUITE 400 SAN ANTONIO, TX 78209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY521 W ELMIRA SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMINARIAPO BOX 120188 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LUMINARIAPO BOX 120188 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
ANTONIAN COLLEGE PREPARATORY HIGH S 6425 WEST AVE SAN ANTONIO, TX 78213	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ANTONIAN COLLEGE PREPARATORY HIGH S 6425 WEST AVE SAN ANTONIO, TX 78213	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO MUSEUM OF ART 200 WEST JONES AVENUE SAN ANTONIO, TX 78215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
KLRN ENDOWMENT FUND INC 501 BROADWAY SAN ANTONIO, TX 78215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 10223 MCALLISTER FWY STE 100 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TADSAW INC13423 BLANCO RD SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GREEN BERET FOUNDATION 14402 BLANCO RD SUITE 100 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
YOUNG MENS CHRISTIAN ASSOC OF GREAT 231 E RHAPSODY SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN BERET FOUNDATION 14402 BLANCO RD SUITE 100 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF SOUTH T 10843 GULFDALE SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF SOUTH T 10843 GULFDALE SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTH T 10843 GULFDALE SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
ALZHEIMERS DISEASE AND RELATED DISO 10223 MCALLISTER FWY STE 100 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
HOLY SPIRIT CATHOLIC SCHOOL 770 W RAMSEY SAN ANTONIO, TX 78216	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
SOLDIERS ANGELS 2700 NE LOOP 410 SUITE 310 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOLDIERS ANGELS 2700 NE LOOP 410 SUITE 310 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLDIERS ANGELS 2700 NE LOOP 410 SUITE 310 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,350
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
MARINE TOYS FOR TOTS FOUNDATION 3837 BINZ-ENGLEMAN RD SAN ANTONIO, TX 78219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO LIVESTOCK EXPOSITION IN 3201 E HOUSTON ST PO BOX 200230 SAN ANTONIO, TX 78220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAMILY ENDEAVORS INC 535 BANDERA ROAD SAN ANTONIO, TX 78228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8115 DATAPOINT DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 8415 WURZBACH RD SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CHROMOSOME 18 REGISTRY AND RESEARCH 7155 OAKRIDGE DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 8115 DATAPOINT DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CHROMOSOME 18 REGISTRY AND RESEARCH 7155 OAKRIDGE DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE OF TEXAS KIDNEY FOUNDATION 4204 GARDENDALE SUITE 106 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
STATE OF TEXAS KIDNEY FOUNDATION 4204 GARDENDALE SUITE 106 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
AMERICAN CANCER SOCIETY INC 8115 DATAPOINT DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 8415 WURZBACH RD SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MILITARY WARRIORS SUPPORT FOUNDATIO 211 N LOOP 1604 E SUITE 250 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPORTS OUTDOOR AND RECREATION SOAR 5223 DAVID EDWARDS DRIVE SAN ANTONIO, TX 78233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SISTEMA INFANTIL TELETON USA 10839 QUARRY PARK SAN ANTONIO, TX 78233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEXAS DIAPER BANK 5415 BANDERA SUITE 504 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS DIAPER BANK 5415 BANDERA SUITE 504 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	266
NATIONAL ASSOCIATION FOR LATINO COM 5404 WURZBACH ROAD SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
REFUGEE & IMMIGRANT CENTER FOR EDUC 5121 CRESTWAY DR SUITE 105 SAN ANTONIO, TX 78239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE & IMMIGRANT CENTER FOR EDUC 5121 CRESTWAY DR SUITE 105 SAN ANTONIO, TX 78239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
REFUGEE & IMMIGRANT CENTER FOR EDUC 5121 CRESTWAY DR SUITE 105 SAN ANTONIO, TX 78239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROJECT RED FOUNDATION 24165 IH10 WEST SUITE 217 188 SAN ANTONIO, TX 78257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING RESOURCE PARTNERS 19141 STONE OAK PKWY 104 SAN ANTONIO, TX 78258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SA ATHLETIC YOUTH SPORTS 3730 FORSYTHIA SAN ANTONIO, TX 78261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SA ATHLETIC YOUTH SPORTS 3730 FORSYTHIA SAN ANTONIO, TX 78261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 521 JOSEPHINE STREET CORPUS CHRISTI, TX 78401	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	850
SOUTH TEXAS INSTITUTE FOR THE ARTS 1902 N SHORELINE BLVD CORPUS CHRISTI, TX 78401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BILLIE TRIMBLE CHANDLER ARTS FOUNDA 1809 N CHAPARRAL CORPUS CHRISTI, TX 78401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LADY LEX MUSEUM ON THE BAY ASSOCIAT P O BOX 23076 CRP CHRISTI, TX 78401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LADY LEX MUSEUM ON THE BAY ASSOCIAT P O BOX 23076 CRP CHRISTI, TX 78401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TEXAS STATE AQUARIUM ASSOCIATION 2710 NORTH SHORELINE BLVD CORPUS CHRISTI, TX 78402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATES O P O BOX 4 CORPUS CHRISTI, TX 78403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
INCARNATE WORD ACADEMY HIGH SCHOOL 2930 SOUTH ALAMEDA CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DEL MAR COLLEGE FOUNDATION INC 101 BALDWIN BOULEVARD CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF MERCY INC 2421 AYERS STREET CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
DEL MAR COLLEGE FOUNDATION INC 101 BALDWIN BOULEVARD CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CALALLEN EDUCATIONAL FOUNDATION 4205 WILDCAT DRIVE CORPUS CHRISTI, TX 78410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	242
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TEXAS PUBLIC BROADCASTING SYS 3205 S STAPLES CRP CHRISTI, TX 78411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTH TEXAS PUBLIC BROADCASTING SYS 3205 S STAPLES CRP CHRISTI, TX 78411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF THE COASTAL BEND INC 4659 EVERHART RD CORPUS CHRISTI, TX 78411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COASTAL BEND INC 4659 EVERHART RD CORPUS CHRISTI, TX 78411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF THE COASTAL B 3902 GREENWOOD DRIVE CORPUS CHRISTI, TX 78416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF THE COASTAL B 3902 GREENWOOD DR CORPUS CHRISTI, TX 78416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 320 5TH STREET CORP CHRISTI, TX 78419	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OUR LADY OF SORROWS 1108 W HACKBERRY AVE MCALLEN, TX 78501	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
VALLEY ALLIANCE OF MENTORS FOR PO BOX 6882 MCALLEN, TX 78502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHILDRENS HOSPITAL 101 WEST EXPRESSWAY 83 MCALLEN, TX 78503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF GREATER SOUTH TEXAS 202 E MADISON AVE HARLINGEN, TX 78550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOAVES & FISHES OF THE RIO GRANDE V 514 SOUTH E STREET HARLINGEN, TX 78550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF HARLINGEN 1209 WEST WASHINGTON HARLINGEN, TX 78551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TEACH FOR AMERICA INC 801 N BRYAN RD MISSION, TX 78572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SAN JUAN DIEGO CATHOLIC REGIONAL HI PO BOX 3888 MISSION, TX 78573	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE RIO GRAND P O BOX 1306 SAN JUAN, TX 78589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
SOUTHWESTERN UNIVERSITY 1001 E UNIVERSITY AVE GEORGETOWN, TX 78626	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 737 GEORGETOWN, TX 78627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTH & SKY INC1259 SANDERS KYLE, TX 78640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FELLOWSHIP OF CHRISTIAN ATHLETES 104 HI STIRRUP HORSESHOE BAY, TX 78657	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	184
CODE 2 COLLEGE19112 LEIGH LANE PFLUGERVILLE, TX 78660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODE 2 COLLEGE19112 LEIGH LANE PFLUGERVILLE, TX 78660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MOTT EL20101 HODDE LANE PFLUGERVILLE, TX 78660	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
GAULT SCHOOL OF ARCHAEOLOGICALRESEA PO BOX 2620 SAN MARCOS, TX 78667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF WOMEN VOTERS OF TEXAS EDU 1212 GUADALUPE ST UNIT 107 AUSTIN, TX 78701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP AUSTIN 1609 SHOAL CREEK BLVD AUSTIN, TX 78701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AUSTIN COMMUNITY FOUNDATION FOR THE 1000 RIO GRANDE ST AUSTIN, TX 78701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN SYMPHONY ORCHESTRA SOCIETY 1101 RED RIVER ST AUSTIN, TX 78701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
BREAKTHROUGH 1050 EAST 11TH STREET SUITE 350 AUSTIN, TX 78702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	90
BREAKTHROUGH 1050 EAST 11TH STREET SUITE 350 AUSTIN, TX 78702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH 1050 EAST 11TH STREET SUITE 350 AUSTIN, TX 78702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
SUSTAINABLE FOOD CENTER INC 2921 E 17TH ST BLDG C AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SUSTAINABLE FOOD CENTER INC 2921 E 17TH ST BLDG C AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA ST AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PEOPLEFUND 2921 E 17TH STREET BLDG D STE 1 AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FRAMEWORKS COMMUNITY DEVELOPMENT CO 701 TILLERY STREET SUITE A7B BOX 15 AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLEFUND 2921 E 17TH STREET BLDG D STE 1 AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
SUSTAINABLE FOOD CENTER INC 2921 E 17TH ST BLDG C AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CREATIVE ACTION 2921 E 17TH STREET BLDG B BOX 7 AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLEFUND 2921 E 17TH STREET BLDG D STE 1 AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA ST AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DAVIS MOON PROJECT 1508 HARTFORD ROAD AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTON SPRINGS CONSERVANCY 2100 STAMFORD LANE AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TEXAS MAMMA JAMMA RIDE PO BOX 302106 AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
DAVIS MOON PROJECT 1508 HARTFORD ROAD AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDWARDS UNIVERSITY 3001 SOUTH CONGRESS AVENUE AUSTIN, TX 78704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
ST EDWARDS UNIVERSITY 3001 SOUTH CONGRESS AVENUE AUSTIN, TX 78704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITIES IN SCHOOLS OF CENTRAL T 3000 S IH-35 SUITE 200 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CENTRAL T 3000 S IH-35 SUITE 200 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
COMMUNITIES IN SCHOOLS OF CENTRAL T 3000 S IH-35 SUITE 200 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,125
FLATWATER FOUNDATION 411 WEST MONROE SUITE 7 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN HABITAT FOR HUMANITY INC 500 W BEN WHITE BLVD AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
TEXAS ADVOCACY PROJECT INC 1524 S IH 35 STE 350 AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FLATWATER FOUNDATION 411 WEST MONROE SUITE 7 AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH AND FAMILY ALLIANCE 3700 SOUTH FIRST STREET AUSTIN, TX 78704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
ZACHARY SCOTT THEATER CENTER 1510 TOOMEY RD AUSTIN, TX 78704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	116
AUSTIN GROUPS FOR THE ELDERLY 3710 CEDAR STREET BOX 2 AUSTIN, TX 78705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW'S EPISCOPAL SCHOOL 1112 WEST 31ST STREET AUSTIN, TX 78705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,467
SHOAL CREEK CONSERVANCY PO BOX 11520 AUSTIN, TX 78711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
UNIVERSITY OF TEXAS FOUNDATION DDCE OFFICE OF DEVELOPMENT 2304 WHITIS AVENUE G4600 AUSTIN, TX 78712	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL OF TEXAS PUBLIC TELECOMMUNI PO BOX 7158 AUSTIN, TX 78713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COLLEGE FORWARDPO BOX 142308 AUSTIN, TX 78714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FOSTER ANGELS OF CENTRAL TEXAS FOUN PO BOX 152575 AUSTIN, TX 78715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN YMBL SUNSHINE CAMP PO BOX 161270 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 161927 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
AUSTIN F&W ALLIANCEPO BOX 164112 AUSTIN, TX 78716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF HOPEPO BOX 171500 AUSTIN, TX 78717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	840
CMC FOUNDATION OF CENTRAL TEXAS 4900 MUELLER BLVD AUSTIN, TX 78723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
CMC FOUNDATION OF CENTRAL TEXAS 4900 MUELLER BLVD AUSTIN, TX 78723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2218 PERSHING DRIVE AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2218 PERSHING DRIVE AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GREATER AUSTIN FIRST TEE 5501 ED BLUESTEIN BOULEVARD AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN CHILDRENS MUSEUM 1830 SIMOND AVE AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CENTER FOR CHILD PROTECTION 8509 FM 969 BUILDING 2 AUSTIN, TX 78724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MOBILE LOAVES & FISHES INC 9301 HOG EYE RD STE 950 AUSTIN, TX 78724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOBILE LOAVES & FISHES INC 9301 HOG EYE RD STE 950 AUSTIN, TX 78724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JDRF INTERNATIONAL 3420 EXECUTIVE CENTER DRIVE SUITE 108 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
E4 YOUTH 7122 WOOD HOLLOW DR NO 18 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHALOM AUSTIN7300 HART LANE AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
RAISE TEXAS1811 WEST 38TH STREET AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JDRF INTERNATIONAL 3420 EXECUTIVE CENTER DRIVE SUITE 108 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THERESAS CATHOLIC SCHOOL 4311 SMALL DRIVE AUSTIN, TX 78731	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
CON MI MADRE4175 FREIDRICH LANE AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUSTIN RECOVERY INC 4201 SOUTH CONGRESS SUITE 202 AUSTIN, TX 78745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN RECOVERY INC 4201 SOUTH CONGRESS SUITE 202 AUSTIN, TX 78745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
MARATHON KIDS INC 4544 S LAMAR BLVD SUITE 350 AUSTIN, TX 78745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RESTLESS LEGS SYNDROME FOUNDATION I 3006 BEE CAVES ROAD SUITE D206 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUSTIN COMMUNITY FOUNDATION FOR THE 4315 GUADALUPE SUITE 300 AUSTIN, TX 78751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN CHILD GUIDANCE CENTER 810 WEST 45TH STREET AUSTIN, TX 78751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PEOPLES COMMUNITY CLINIC INC 1101 CAMINO LA COSTA AUSTIN, TX 78752	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
EMANCIPET 7010 EASY WIND DR STE 260 AUSTIN, TX 78752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SICKLE CELL TEXAS MARC THOMAS FOUND 314 EAST HIGHLAND MALL BLVD SUITE 411 AUSTIN, TX 78752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BOY SCOUTS OF AMERICA 12500 N IH 35 AUSTIN, TX 78753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
DEPARTMENT OF TEXAS VETERANS OF FOR 8503 NORTH I35 AUSTIN, TX 78753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEEDLING FOUNDATION 8001 CENTRE PARK DR SUITE 140 AUSTIN, TX 78754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SPECIAL OLYMPICS TEXAS INC 1804 RUTHERFORD LANE AUSTIN, TX 78754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARC OF THE CAPITAL AREA 4902 GROVER AVENUE AUSTIN, TX 78756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GENERATION SERVE 8711 BURNET RD B-33 AUSTIN, TX 78757	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FUNDRAISING PROFESSI 3305 STECK AVE STE 200 AUSTIN, TX 78757	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NMD UNITED INC 11900 METRIC BLVD SUITE J-2015 AUSTIN, TX 78758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 10900-B STONELAKE BLVD STE 320 ATTN MATCHING GIFTS AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10900-B STONELAKE BLVD STE 320 ATTN MATCHING GIFTS AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,745
MUSCULAR DYSTROPHY ASSOCIATION 9430 RESEARCH BLVD BLD 2 STE 300 AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREENLIGHTS FOR NONPROFIT SUCCESS 8303 N MOPAC A201 AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 10900-B STONELAKE BLVD STE 320 ATTN MATCHING GIFTS AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10900-B STONELAKE BLVD STE 320 ATTN MATCHING GIFTS AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AUSTIN PETS ALIVEPO BOX 6247 AUSTIN, TX 78762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEXAS 4000 FOR CANCERPO 6459 AUSTIN, TX 78762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND BATTEN DISEASE FOUNDATION PO BOX 50221 AUSTIN, TX 78763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GENAUSTINP O BOX 3122 AUSTIN, TX 78764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AIDS SERVICES OF AUSTIN INC PO BOX 4874 AUSTIN, TX 78765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 1000 AUSTIN, TX 78767	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMYPO BOX 1000 AUSTIN, TX 78767	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
AUSTIN THEATRE ALLIANCE PO BOX 1566 AUSTIN, TX 78767	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRON SHARPENS IRON MINISTRIES INC PO BOX 1227 UTOPIA, TX 78884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
IRON SHARPENS IRON MINISTRIES INC PO BOX 1227 UTOPIA, TX 78884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,750
TRUE THE VOTE INC13909 CAT SPRING, TX 78933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN OUTDOORS MINISTRY OF TEXAS PO BOX 457 LA GRANGE, TX 78945	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LUTHERAN OUTDOORS MINISTRY OF TEXAS PO BOX 457 LA GRANGE, TX 78945	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW'S EPISCOPAL SCHOOL OF AMA 1515 S GEORGIA STREET AMARILLO, TX 79102	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST ANDREWS EPISCOPAL SCHOOL OF AMAR 1515 S GEORGIA ST AMARILLO, TX 79102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST ANDREWS EPISCOPAL SCHOOL OF AMAR 1515 S GEORGIA ST AMARILLO, TX 79102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH PLAINS FOOD BANK815 S ROSS AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HIGH PLAINS FOOD BANK815 S ROSS AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HIGH PLAINS FOOD BANK815 S ROSS AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO AREA CASAPO BOX 691 AMARILLO, TX 79105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR AMARILLO INC 2700 S WILSON AMARILLO, TX 79105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3350 OLSEN BLVD SUITE 1700 AMARILLO, TX 79109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 3350 OLSEN BLVD SUITE 1700 AMARILLO, TX 79109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 3915 BELL AMARILLO, TX 79109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
MOREPO BOX 51465 AMARILLO, TX 79159	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO COLLEGE FOUNDATION INC PO BOX 447 AMARILLO, TX 79178	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
AMARILLO COLLEGE FOUNDATION INC PO BOX 447 AMARILLO, TX 79178	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
LEVELLAND WALLACE THEATER PO BOX 1398 LEVELLAND, TX 79336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1500 BROADWAY STE 1205 LUBBOCK, TX 79401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR EXCELLENCE 1628 19TH ST LUBBOCK, TX 79401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	325
TEXAS TECH FOUNDATION INC BOX 45025 LUBBOCK, TX 79409	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 2801 26TH STREET SUITE 300 LUBBOCK, TX 79410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
HABITAT FOR HUMANITY INTERNATIONAL 2910 AVENUE N LUBBOCK, TX 79411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MFHL CORPORATION1510 S LOOP 289 LUBBOCK, TX 79412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3513 10TH ST LUBBOCK, TX 79415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
COMMUNITY FOUNDATION OF WEST TEXAS 6102 82ND STREET 8B LUBBOCK, TX 79424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF WEST TEXAS 6102 82ND STREET 8B LUBBOCK, TX 79424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET LUBBOCK5702 GENOA AVENUE LUBBOCK, TX 79424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BALLET LUBBOCK5702 GENOA AVENUE LUBBOCK, TX 79424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BALLET LUBBOCK5702 GENOA AVENUE LUBBOCK, TX 79424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 547 CHESTNUT ABILENE, TX 79602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS LONE STAR 547 CHESTNUT ABILENE, TX 79602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
BIG BROTHERS BIG SISTERS LONE STAR 547 CHESTNUT ABILENE, TX 79602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF ABILENE INC 5505 N 1ST STREET ABILENE, TX 79603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF ABILENE INC 465 CYPRESS SUITE 12-P O BOX 2013 ABILENE, TX 79604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ABILENE POLICE FOUNDATION PO BOX 3553 ABILENE, TX 79604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 3300 S 14TH ST SUITE 205 ABILENE, TX 79605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT USA 3300 S 14TH ST SUITE 205 ABILENE, TX 79605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT USA 3300 S 14TH ST SUITE 205 ABILENE, TX 79605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDIN-SIMMONS UNIVERSITY 2200 HICKORY ABILENE, TX 79698	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
BOYS & GIRLS CLUBS OF THE PERMIAN B 1321 S GOODE ST MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MIDLAND ISD EDUCATIONAL FOUNDATION 615 W MISSOURI 224 MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND NEED TO READ INC 1709 W WALL STREET MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AFRICA BRIDGES OF HOPE700 STOREY MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AFRICA BRIDGES OF HOPE700 STOREY MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND MEMORIAL FOUNDATION 400 ROSALIND REDFERN GROVER PARKWAY MIDLAND, TX 79701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MIDLAND ISD EDUCATIONAL FOUNDATION 615 W MISSOURI 224 MIDLAND, TX 79701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS OF PERMIAN B PO BOX 10532 MIDLAND, TX 79702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND COUNTY PUBLIC LIBRARY FOUND PO BOX 1634 MIDLAND, TX 79702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY PROMISE OF MIDLAND TEXAS INC 3500 NORTH A SUITE 1400 MIDLAND, TX 79705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FIELDS EDGEPO BOX 50068 MIDLAND, TX 79710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST TEXAS FOOD BANKPO BOX 4242 ODESSA, TX 79760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CANUTILLO ISD7311 BOSQUE RD CANUTILLO, TX 79835	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
EL PASO VILLA MARIA INC 920 S OREGON EL PASO, TX 79901	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF EL PASO INC 209 N LEE EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPPORTUNITY CENTER FOR THE HOMELESS 1208 MYRTLE AVE EL PASO TX 79901 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 201 E MAIN ST STE 400 EL PASO, TX 79901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANDLELIGHTERS OF THE EL PASO AREA 1400 HARDAWAY STE 206 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY OF EL PASO 1400 HARDAWAY SUITE 329 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 4300 EAST PAISANO DRIVE EL PASO, TX 79905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASO COLLABORATIVE FOR COMMUNITY 6090 SURETY DRIVE SUITE 210 EL PASO, TX 79905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF THE DESERT SO 200 BARTLETT SUITE 104 EL PASO, TX 79912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 110 MESA PARK DR 250 EL PASO, TX 79912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE DESERT SO 200 BARTLETT SUITE 104 EL PASO, TX 79912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
REBUILDING TOGETHER - EL PASO INC 6228 BRISA DEL MAR EL PASO, TX 79912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
EL PASO PRO MUSICA 500 W UNIVERSITY EL PASO, TX 79913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER AGAINST SEXUAL AND FAMILY VI 580 GILES EL PASO, TX 79915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER AGAINST SEXUAL AND FAMILY VI 580 GILES EL PASO, TX 79915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
REYNOLDS HOUSE NON-PROFIT CORPORATI 8023 SAN JOSE RD EL PASO, TX 79915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER AGAINST SEXUAL AND FAMILY VI 580 GILES EL PASO, TX 79915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MUSTARD SEED - A COMMUNITY CAFE 201 E SUNSET ROAD EL PASO, TX 79922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FRANKLIN MOUNTAINS WILDERNESS COALI 10525 TEXWOOD AVENUE EL PASO, TX 79925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASO DIABETES ASSOCIATION INC 3641 MATTOX STREET EL PASO, TX 79925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
EL PASO ISD6531 BOEING EL PASO, TX 79925	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
EL PASO ISD6531 BOEING EL PASO, TX 79925	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CHURCH1580 JOE BATTLE BLVD EL PASO, TX 79936	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS GRIEF CENTER OF EL PASO 11625 PELLICANO STE B EL PASO, TX 79936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS GRIEF CENTER OF EL PASO 11625 PELLICANO STE B EL PASO, TX 79936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,150
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
GOLDEN RETRIEVER RESCUE OF THE ROCK 15350 W 72 AVENUE ARVADA, CO 80007	NONE	509(A)	PROGRAM/OPERATING SUPPORT	1,250
ADVOCATES FOR CHILDREN 10855 EAST BETHANY DRIVE SUITE 200 AURORA, CO 80014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLECREST HIGH SCHOOL 5100 SOUTH PICADILLY STREET CENTENNIAL, CO 80015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,300
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,800
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 10855 DOVER STREET SUITE 500 WESTMINSTER, CO 80021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 10855 DOVER STREET SUITE 500 WESTMINSTER, CO 80021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 10855 DOVER STREET SUITE 500 WESTMINSTER, CO 80021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ALEXANDER DAWSON SCHOOL 10455 DAWSON DR LAFAYETTE, CO 80026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY FOOD SHARE INC 650 S TAYLOR AVE LOUISVILLE, CO 80027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPERIOR ELEMENTARY SCHOOL 1800 SOUTH INDIANA ST SUPERIOR, CO 80027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL COLORADO FOUNDAT 13123 E 16TH AVE BOX 045 AURORA, CO 80045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,300
KEMPE FDN FOR THE PREVENTION AND TR 13123 E 16TH AVE B 390 AURORA, CO 80045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY CHARTER SCHOOL 1551 PRAIRIE HAWK DRIVE CASTLE ROCK, CO 80104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
THREE POINTS ACADEMY INC 1068 CYPRESS WAY CASTLE ROCK, CO 80108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS & BIG SISTERS OF COLOR 750 W HAMPRDEN AVE SUITE 450 ENGLEWOOD, CO 80110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD PLAZA BLVD STE 404 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
THE STAR CENTER FOUNDATION 5420 S QUEBEC ST SUITE 103 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FREEDOM SERVICE DOGS INC 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE RD CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE RD CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LUPUS FOUNDATION OF COLORADO INC 7853 E ARAPAHOE CT 3100 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF COLORADO INC 7853 E ARAPAHOE CT 3100 CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,084
COLORADO COMMUNITY SHELTER PROVIDER 88 INVERNESS CIRCLE EAST ENGLEWOOD, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE ROAD STE C CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHERRY HILLS CHRISTIAN 3900 GRACE BLVD HIGHLANDS RANCH, CO 80126	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,456
MOUNTAINCHILD INC 17011 LINCOLN AVENUE 425 PARKER, CO 80134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAIRIE CROSSING ELEMENTARY SCHOOL 11605 SOUTH BRADBURY RANCH DRI PARKER, CO 80134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	140
PRAIRIE CROSSING ELEMENTARY SCHOOL 11605 SOUTH BRADBURY RANCH DRI PARKER, CO 80134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PRAIRIE CROSSING ELEMENTARY SCHOOL 11605 SOUTH BRADBURY RANCH DRI PARKER, CO 80134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
DENVER HOMELESS VOICE PO BOX 1931 DENVER, CO 80201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED 1536 WYNKOOP ST SUITE 320 DENVER, CO 80202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
TROUT UNLIMITED 1536 WYNKOOP ST SUITE 320 DENVER, CO 80202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
CANCER LEAGUE OF COLORADO INC 1601 BLAKE ST STE 310 DENVER, CO 80202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO MUSIC COALITION 1727 TREMONT PLACE DENVER, CO 80202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
MERCY HOUSING INC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
THE BLUE BENCHPO BOX 18951 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BLUE BENCHPO BOX 18951 DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
METRO CARING1100 E 18TH AVE DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
AMIGUITOS 1780 N WASHINGTON ST APT 401 DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE BLUE BENCHPO BOX 18951 DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE BLUE BENCHPO BOX 18951 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MILE HIGH SQUASHPO BOX 40160 DENVER, CO 80204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE HIGH SQUASHPO BOX 40160 DENVER, CO 80204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ROCKY MOUNTAIN PUBLIC MEDIA INC 1089 BANNOCK ST DENVER, CO 80204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CENTER FOR TEACHING INTERNATIONAL R 1031 33RD STREET 174 DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE PROTECTION SOLUTIONS 2501 WELTON ST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP DENVER2029 LARIMER STREET DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WOMENS BEAN PROJECT 3201 CURTIS STREET DENVER, CO 80205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NATIONAL JEWISH HEALTH 1400 JACKSON ST S710 DENVER, CO 80206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL JEWISH HEALTH 1400 JACKSON ST S710 DENVER, CO 80206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
GLOBAL DOWN SYNDROME FOUNDATION 3239 E 2ND AVE DENVER, CO 80206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUDIS HOUSE1741 GAYLORD ST DENVER, CO 80206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS AND PEOPLE1101 HARRISON ST DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GLOBAL DOWN SYNDROME FOUNDATION 3239 E 2ND AVE DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 SOUTH BROADWAY SUITE 250 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 SOUTH BROADWAY SUITE 250 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,415
NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 SOUTH BROADWAY SUITE 250 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WATER FOR PEOPLE 100 E TENNESSEE AVE DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	158
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 SOUTH BROADWAY SUITE 250 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ROCKY MOUNTAIN ADVENTIST HEALTHCARE 2525 SOUTH DOWNING STREET DENVER, CO 80210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE STE 720 DENVER, CO 80210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN ADVENTIST HEALTHCARE 2525 SOUTH DOWNING STREET DENVER, CO 80210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN DIABETES ASSOCIATION INC 2460 W 26TH AVE STE 500C DENVER, CO 80211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
AMERICAN DIABETES ASSOCIATION INC 2460 W 26TH AVE STE 500C DENVER, CO 80211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELEBRATE THE BEAT 3087 TEJON ST UNIT A DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 2727 BRYANT STREET SUITE 380 DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITERACY COALITION OF COLORADO PO BOX 140726 DENVER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FIRST DESCENTS 3001 BRIGHTON BLVD SUITE 623 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,360
DENVER RESCUE MISSION PO BOX 17983 DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DENVER RESCUE MISSION PO BOX 17983 DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER RESCUE MISSION PO BOX 17983 DENVER, CO 80217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLORADO NONPROFIT DEVELOPMENT CENT 1510 N HIGH STREET DENVER, CO 80218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DRY BONES DENVER 1600 N DOWNING ST DENVER, CO 80218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LAND CONSERVANCY 1600 DOWNING STREET SUITE 300 DENVER, CO 80218	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	15,000
MI CASA RESOURCE CENTER 345 S GROVE STREET DENVER, CO 80219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
TRIPS FOR KIDS-DENVER 3150 JEWELL AVE DENVER, CO 80219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
A LITTLE HELP 2755 S LOCUST ST SUITE 220 DENVER, CO 80222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROCKY MOUNTAIN CHILDRENS LAW CENTER 1325 SOUTH COLORADO BLVD SUITE 701 DENVER, CO 80222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENSE OF SECURITY INC 1355 SOUTH COLORADO BLVD SUITE C302 DENVER, CO 80222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 1325 S COLORADO BLVD SUITE B-308 DENVER, CO 80222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL SCHOOL OF DENVER INC 7701 EAST FIRST PLACE UNIT C DENVER, CO 80230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 10065 E HARVARD AVE STE 400 DENVER, CO 80231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS DIABETES FOUNDATION 4380 SO SYRACUSE STREET SUITE 430 DENVER, CO 80237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MORRIS ANIMAL FOUNDATION 720 S COLORADO BLVD STE 174A DENVER, CO 80246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MORRIS ANIMAL FOUNDATION 720 S COLORADO BLVD STE 174A DENVER, CO 80246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR THE NEW SCHOOL 4820 NAUTILUS COURT NORTH BOULDER, CO 80301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHEF ANN FOUNDATION 5445 CONESTOGA COURT SUITE 150 BOULDER, CO 80301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAJI SAFI GROUP465 MARINE ST BOULDER, CO 80302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULDER HISTORICAL SOCIETY INC 2205 BROADWAY BOULDER, CO 80302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEPTEMBER SCHOOL96 ARAPAHOE AVE BOULDER, CO 80302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BOULDER JEWISH COMMUNITY CENTER 6007 OREG AVE BOULDER, CO 80303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULDER JEWISH COMMUNITY CENTER 6007 OREG AVE BOULDER, CO 80303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DAVIS PHINNEY FOUNDATION 4730 TABLE MESA DRIVE SUITE J200 BOULDER, CO 80305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DAVIS PHINNEY FOUNDATION 4730 TABLE MESA DRIVE SUITE J200 BOULDER, CO 80305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRVIEW HIGH SCHOOL 1515 GREENBRIAR BOULEVARD BOULDER, CO 80305	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
NORTH BOULDER LITTLE LEAGUE PO BOX 1827 BOULDER, CO 80306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH BOULDER LITTLE LEAGUE PO BOX 1827 BOULDER, CO 80306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ACCESS FUNDPO BOX 17010 BOULDER, CO 80308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF FOOTHILLS ANIMAL SHELTER 580 MCINTYRE STREET GOLDEN CO 80401 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF FOOTHILLS ANIMAL SHELTER 580 MCINTYRE STREET GOLDEN CO 80401 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG CITY MOUNTAINEERS INC 710 10TH ST STE 120 GOLDEN, CO 80401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
FELLOWSHIP OF CATHOLIC UNIVERSITY S PO BOX 18710 GOLDEN, CO 80402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HIGH MOUNTAIN INSTITUTE INC 531 COUNTY RD 5A LEADVILLE, CO 80461	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET LONGMONT, CO 80501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WELL CONSTRUCTED1019 COREY ST LONGMONT, CO 80501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WELL CONSTRUCTED1019 COREY ST LONGMONT, CO 80501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET LONGMONT, CO 80501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
BLUE MOUNTAIN ELEMENTARY 1260 MOUNTAIN DRIVE LONGMONT, CO 80503	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	650
SUSTAIN MUSIC AND NATURE INC 819 WAGONWHEEL DR FORT COLLINS, CO 80526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAUT CORE ELEMENTARY SCHOOL 2515 TIMBERWOOD DRIVE FORT COLLINS, CO 80528	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE USA 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
YOUNG LIFE420 N CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
YOUNG LIFE420 N CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTERING HOPE FOUNDATION 111 S TEJON ST STE 112 COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
YOUNG LIFE420 N CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,800
COLORADO COLLEGE TH 14 EAST CACHE LA POUDRE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH HOSPITALITY NETWORK OF C 519 N TEJON ST COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PALMER HIGH SCHOOL 301 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHRISTIAN HOME FOR CHILDREN INC 1880 S CASCADE AVE COLORADO SPRINGS, CO 80905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	870
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
EARLY COLLEGE HIGH SCHOOL 2115 AFTON WAY COLORADO SPRINGS, CO 80909	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARLY COLLEGE HIGH SCHOOL 2115 AFTON WAY COLORADO SPRINGS, CO 80909	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CARE AND SHARE INC 2605 PREAMBLE POINT COLORADO SPGS, CO 80915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,157
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,747
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,108
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,436
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	38
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,300
THE CLASSICAL ACADEMY CHARTER 975 STOUT ROAD COLORADO SPRINGS, CO 80921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVALON THEATRE FOUNDATION INC PO BOX 2243 GRAND JCT, CO 81501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SCENIC ELEMENTARY SCHOOL 451 WEST SCENIC DR GRAND JUNCTION, CO 81507	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SCENIC ELEMENTARY SCHOOL 451 WEST SCENIC DR GRAND JUNCTION, CO 81507	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCENIC ELEMENTARY SCHOOL 451 WEST SCENIC DR GRAND JUNCTION, CO 81507	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
FRUITA MONUMENT HIGH SCHOOL 1102 WILDCAT AVE FRUITA, CO 81521	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
ROUNDUP RIVER RANCHPO BOX 8589 AVON, CO 81620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM GUY FORBECK RESEARCH FOUNDA 398 CABALLO DRIVE CARBONDALE, CO 81623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CARBONDALE MIDDLE SCHOOL 180 SNOWMASS DRIVE CARBONDALE, CO 81623	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
RANGELY JUNIORSENIOR HIGH SCHOOL 234 SOUTH JONES AVENUE RANGELY, CO 81648	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPEN CAMP OF THE DEAF AND HARD OF 4862 SNOWMASS CREEK RD SNOWMASS, CO 81654	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
VAIL HEALTH SERVICES FOUNDATION PO BOX 1529 VAIL, CO 81658	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WYOMING CHILDRENS SOCIETY 314 EAST 21ST STREET CHEYENNE, WY 82001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WYOMING ALUMNI 222 S 22ND ST LARAMIE, WY 82070	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF WYOMING ALUMNI 222 S 22ND ST LARAMIE, WY 82070	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
WYOMING COMMUNITY FOUNDATION 1472 N 5TH STREET STE 201 LARAMIE, WY 82072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
COMMUNITY SCHOOL INC ONE COMMUNITY SCHOOL DRIVE SUN VALLEY, ID 83353	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
COMMUNITY SCHOOL INC ONE COMMUNITY SCHOOL DRIVE SUN VALLEY, ID 83353	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUN VALLEY PERFORMING ARTS CENTER I PO BOX 3092 KETCHUM, ID 83353	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
THE COLLEGE OF IDAHO INC 2112 CLEVELAND BLVD BOX 49 CALDWELL, ID 83605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE COLLEGE OF IDAHO INC 2112 CLEVELAND BLVD BOX 49 CALDWELL, ID 83605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,042
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAKE A DIFFERENCE INC 1775 W STATE ST 329 BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A DIFFERENCE INC 1775 W STATE ST 329 BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERA IDAHO INC513 S 8TH ST BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOISE RESCUE MISSION 308 SOUTH 24TH STREET BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO COALITION AGAINST SEXUAL AND 1402 W GROVE ST BOISE, ID 83702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
BIG BROTHERS BIG SISTERS OF SOUTHWE 110 N 27TH ST SUITE 100 BOISE, ID 83702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MAKE A DIFFERENCE INC 1775 W STATE ST 329 BOISE, ID 83702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS AND CHILDRENS ALLIANCE INC 720 WEST WASHINGTON BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BALLET IDAHO INC501 S 8TH STREET BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
BOGUS BASIN RECREATIONAL ASSOCIATIO 803 W BRAEMERE RD BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2995 N COLE ROAD SUITE 120 BOISE, ID 83704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 83705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 83705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
LIFES KITCHEN INC 1025 S CAPITOL BLVD BOISE, ID 83706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
IDAHO YOUTH RANCH INC 5465 W IRVING ST BOISE, ID 83706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO SHAKESPEARE FESTIVAL INC PO BOX 9365 BOISE, ID 83707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
IDAHO SHAKESPEARE FESTIVAL INC PO BOX 9365 BOISE, ID 83707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
IDAHO SHAKESPEARE FESTIVAL INC PO BOX 9365 BOISE, ID 83707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SILVER SAGE COUNCIL 8948 WEST BARNES STREET BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEREGRINE FUND INC 5668 W FLYING HAWK LN BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PEREGRINE FUND INC 5668 W FLYING HAWK LN BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TREASURE VALLEY INC PO BOX 16330 BOISE, ID 83715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WOMENS CENTER INC 850 N 4TH STREET COEUR DALENE, ID 83814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WOMENS CENTER INC 850 N 4TH STREET COEUR DALENE, ID 83814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COEUR D ALENE HOMES INC 624 W HARRISON AVE COEUR DALENE, ID 83814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GIZMO-CDA INC1000 W GARDEN AVE COEUR DALENE, ID 83814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE SALVATION ARMY 1765 WEST GULF COAST RD COEUR DALENE, ID 83815	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COEUR D ALENE ROTARY NON-PROFIT INC PO BOX 444 COEUR D ALENE, ID 83816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
SACRED INNOCENCE INTERNATIONAL 4229 SCENIC CIRCLE BOUNTIFUL, UT 84010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TEACH A MAN HOW TO FISH 14049 S OLD SADDLE RD DRAPER, UT 84020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCARLETS LEGACY EQUINE RESCUE 226 MOULTON LANE HEBER, UT 84032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
AFRICA YOGA PROJECT INC P O BOX 1435 UTAH, NY 84041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AFRICA YOGA PROJECT INC P O BOX 1435 UTAH, NY 84041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYRIDGE HIGH SCHOOL 3200 NORTH CENTER STREET LEHI, UT 84043	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,500
HILLCREST HIGH7350 S 900 E MIDVALE, UT 84047	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PARK CITY CONSERVATION ASSOCIATION PO BOX 682998 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK CITY CONSERVATION ASSOCIATION PO BOX 682998 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 4004 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 4004 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 4004 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
THE MCGILLIS SCHOOL 668 SOUTH 1300 EAST SALT LAKE CITY, UT 84102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ROUND RIVER CONSERVATION STUDIES 925 E 900 S STE 207 SALT LAKE CTY, UT 84105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF UTAH INC 771 E WINCHESTER MURRAY, UT 84107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1440 FOOTHILL BLVD STE 200 SALT LAKE CITY, UT 84108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SKYLINE LACROSSE CLUB 2797 CRAIG DRIVE SALT LAKE CITY, UT 84109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE S O S406 E 300 S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
YOUNG WOMENS CHRISTIAN ASSOCIATION 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150 SALT LAKE CTY, UT 84112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150 SALT LAKE CTY, UT 84112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150 SALT LAKE CTY, UT 84112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150 SALT LAKE CTY, UT 84112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
AMERICAN NATIONAL RED CROSS 6616 S 900 E MURRAY, UT 84121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LATTER-DAY SAINT CHARITIES ATTN ALLLA ELLIOTT 50 E N TEMPLE STREET 7TH FLOOR SALT LAKE CITY, UT 84150	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATTER-DAY SAINT CHARITIES 1450 N UNIVERSITY AVE PROVO, UT 84604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
KALANI SITAKE MORE TO LIFE FOUNDATI 5152 N EDGEWOOD DRIVE SUITE 375 PROVO, UT 84604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FRIENDS OF THE COALITION 299 E 900 S PROVO, UT 84606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,450
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,915
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,095
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGGIES PLACE INCPO BOX 1102 PHOENIX, AZ 85001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAGGIES PLACE INCPO BOX 1102 PHOENIX, AZ 85001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH THE WORKERPO BOX 13503 PHOENIX, AZ 85002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH THE WORKERPO BOX 13503 PHOENIX, AZ 85002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32,500
ICM FOOD & CLOTHING BANK PO BOX 2225 PHOENIX, AZ 85002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LOCAL INITIATIVES SUPPORT CORPORATI 111 W MONROE SUITE 720 PHOENIX, AZ 85003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION 555 N CENTRAL AVE STE 500 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,788
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 360 EAST CORONADO ROAD STE 140 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITIAT FOR HUMANITY INTERNATIONAL 115 E WATKINS ST PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BARRY GOLDWATER INSTITUTE FOR PUBLI 500 E CORONADO ROAD PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL KIDNEY FOUNDATION INC 360 EAST CORONADO RD SUITE 180 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SEEDSPOT502 S 2ND STREET SUITE 1 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,500
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,500
HABITIAT FOR HUMANITY INTERNATIONAL 115 E WATKINS ST PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 360 EAST CORONADO ROAD STE 140 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VALLEY YOUTH THEATRE 807 NORTH 3RD STREET PHOENIX, AZ 85004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	823
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ARIZONA SHELTER SERVICES IN PO BOX 18250 PHOENIX, AZ 85005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTRAL ARIZONA SHELTER SERVICES IN PO BOX 18250 PHOENIX, AZ 85005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
TRELLIS1405 E MCDOWELL RD PHOENIX, AZ 85006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 300 N 18TH STREET PHOENIX, AZ 85006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	305
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH ST PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,965
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH ST PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX ELEMENTARY DISTRICT 1817 N 7TH ST PHOENIX, AZ 85006	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
PHOENIX ELEMENTARY DISTRICT 1817 N 7TH ST PHOENIX, AZ 85006	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
HOMELESS ID PROJECT206 S 12TH AVE PHOENIX, AZ 85007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 EAST BELLEVIEW ST PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	22,500
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 EAST BELLEVIEW ST PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 EAST BELLEVIEW ST PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION ARIZONA 3550 N CENTRAL AVENUE SUITE 1020 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,631
CATHOLIC EDUCATION ARIZONA 3550 N CENTRAL AVENUE SUITE 1020 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,200
MARCH OF DIMES INC 3806 NORTH 3RD STREET SUITE 200 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVE AMERICAN CONNECTIONS INC 4520 N CENTRAL AVENUE STE 600 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
BANNER ALZHEIMERS FOUNDATION 2901 N CENTRAL AVENUE SUITE 160 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NATIVE AMERICAN CONNECTIONS INC 4520 N CENTRAL AVENUE STE 600 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 3806 NORTH 3RD ST SUITE 200 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THREE BUTTERFLIES SIDS FOUNDATION 6715 N 3RD ST PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BETTER TO GIVE INC 6125 N CENTRAL AVE 1 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVE AMERICAN CONNECTIONS INC 4520 N CENTRAL AVENUE STE 600 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ALL SAINTS' EPISCOPAL DAY SCHOOL 6300 N CENTRAL AVE PHOENIX, AZ 85012	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ARIZONA PET PROJECT 3905 N 7TH AVENUE 7611 PHOENIX, AZ 85013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN FAMILY CARE AGENCY INC 3603 NORTH 7TH AVE PHOENIX, AZ 85013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,666
FLORENCE CRITTENTON SERVICES OF ARI 715 WEST MARIPOSA STREET PHOENIX, AZ 85013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ARIZONA INC 4751 N 15TH STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
JEWISH FAMILY & CHILDRENS SERVICE 4747 NORTH 7TH ST STE 100 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FAMILY & CHILDRENS SERVICE 4747 NORTH 7TH ST STE 100 PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GABRIELS ANGELS 727 EAST BETHANY HOME ROAD SUITE C-100 PHOENIX, AZ 85014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GABRIELS ANGELS 727 EAST BETHANY HOME ROAD SUITE C-100 PHOENIX, AZ 85014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EMPOWER COLLEGE PREP 2411 W COLTER ST PHOENIX, AZ 85015	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
HOMEWARD BOUND 2302 W COLTER STREET PHOENIX, AZ 85015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD PHOENIX, AZ 85016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 2777 E CAMELBACK RD 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD PHOENIX, AZ 85016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,177
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2777 E CAMELBACK RD 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 2777 E CAMELBACK RD 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 2777 E CAMELBACK RD 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY VERITAS 3102 N 56TH ST PHOENIX, AZ 85018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 4343 E CAMELBACK RD 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77,500
CHILDHELP INC 4350 E CAMELBACK ROAD BLDG F250 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CROHNS & COLITIS FOUNDATION INC 4647 N 32ND ST SUITE B100 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 4343 E CAMELBACK RD 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	940
CHILDHELP INC 4350 E CAMELBACK ROAD BLDG F250 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43
GREAT HEARTS ACADEMIES - ARCHWAY TR 3102 N 56TH ST PHOENIX, AZ 85018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT HEARTS ACADEMIES - ARCHWAY AR 3102 N 56TH ST PHOENIX, AZ 85018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
GREAT HEARTS ACADEMIES - CICERO PRE 3102 N 56TH STREET PHOENIX, AZ 85018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
NATURE CONSERVANCY 7600 N 15TH STREET SUITE 100 PHOENIX, AZ 85020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR FELLOWSHIP CHURCH INC 8301 N 19TH AVENUE PHOENIX AZ 85021 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
SPINAL CSF LEAK FOUNDATION 8840 NORTH 7TH AVENUE PHOENIX, AZ 85021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 4550 E BELL RD STE 126 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 4550 E BELL RD STE 126 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 4550 E BELL RD STE 126 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 4550 E BELL RD STE 126 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SUNRAYS BOOSTER CLUB-GIRLS 15801 N 32ND STREET PHOENIX, AZ 85032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
ARCHWAY CLASSICAL ACADEMY SOUTH GIL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CICERO PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
YEAR UP INC1245 E BUCKEYE ROAD PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	27,500
YEAR UP INC1245 E BUCKEYE ROAD PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY SOUTH GIL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
CICERO PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
GREATHEARTS ARIZONA 4801 E WASHINGTON ST SUITE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
GREATHEARTS ARIZONA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICANOS POR LA CAUSA INC 1112 EAST BUCKEYE ROAD PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GREAT HEARTS ACADEMIES - ARCHWAY AR 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
GREAT HEARTS ACADEMIES - ARCHWAY AR 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT HEARTS ACADEMIES - ARCHWAY AR 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GREAT HEARTS ACADEMIES - CHANDLER P 4801 EAST WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GREAT HEARTS ACADEMIES - VERITAS PR 4801 EAST WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT HEARTS ACADEMIES - ARCHWAY CI 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
GREAT HEARTS ACADEMIES - ARCHWAY AR 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
GREAT HEARTS ACADEMIES - ARCHWAY CI 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1375 E BROADWAY ROAD PHOENIX, AZ 85040	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
NATIONAL AUDUBON SOCIETY INC 3131 S CENTRAL AVE PHOENIX, AZ 85040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL AUDUBON SOCIETY INC 3131 S CENTRAL AVE PHOENIX, AZ 85040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY WILDLIFE INC 2600 E ELWOOD ST PHOENIX, AZ 85040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,235
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,593
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOWLER ELEMENTARY DISTRICT 1617 S 67TH AVE PHOENIX, AZ 85043	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS ARIZONA INC 2100 S 75TH AVE PHOENIX, AZ 85048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SPECIAL OLYMPICS ARIZONA INC 2100 S 75TH AVE PHOENIX, AZ 85048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ARIZONA INC 2100 S 75TH AVE PHOENIX, AZ 85048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
GIRLS RULE FOUNDATION INC 15831 S 42ND STREET PHOENIX, AZ 85048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DUET PARTNERS IN HEALTH & AGING INC 10000 N 31ST AVENUE SUITE D200 PHOENIX, AZ 85051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 50697 PHOENIX, AZ 85076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAVING PAWS RESCUE AZ PO BOX 87148 PHOENIX, AZ 85080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOASTMASTERS INTERNATIONAL PO BOX 61114 PHOENIX, AZ 85082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 20987 N JOHN WAYNE PARKWAY B104-33 MARICOPA, AZ 85138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J O COMBS UNIFIED SCHOOL DISTRICT 301 E COMBS RD QUEEN CREEK, AZ 85140	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
ARIZONA SUNCATS 20416 E APPALOOSA DR QUEEN CREEK, AZ 85142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
SAN TAN YOUTH FOOTBALL LEAGUE 20364 EAST APPALOOSA DRIVE QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	689
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN TAN YOUTH FOOTBALL LEAGUE 20364 EAST APPALOOSA DRIVE QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	874
SAN TAN YOUTH FOOTBALL LEAGUE 20364 EAST APPALOOSA DRIVE QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAVE THE FAMILY FOUNDATION OF ARIZO 125 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE EAST VALL 2602 W BASELINE RD STE 25 MESA, AZ 85202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
MESA COMMUNITY COLLEGE 1833 WEST SOUTHERN AVENUE MESA, AZ 85202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	800
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL YOUTH SPORTS 218 W HAMPTON AVE SUITE 8 MESA, AZ 85210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
NATIONAL YOUTH SPORTS 218 W HAMPTON AVE SUITE 8 MESA, AZ 85210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL YOUTH SPORTS 218 W HAMPTON AVE SUITE 8 MESA, AZ 85210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL YOUTH SPORTS 218 W HAMPTON AVE SUITE 8 MESA, AZ 85210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS-ARIZONA CACTUS PINE COU 11320 E SABLE AVE MESA, AZ 85212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG ARTIST SOCIETYPO BOX 13621 MESA, AZ 85216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY CHANDLER 1951 NORTH ALMA SCHOOL ROAD CHANDLER, AZ 85224	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
EAST VALLEY JCC 908 NORTH ALMA SCHOOL RD CHANDLER, AZ 85224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
VALLEY OF THE SUN YOUNG MENS CHRIST 1655 W FRYE RD CHANDLER, AZ 85224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON CATHOLIC PREPARATORY HIGH SCH 1150 NORTH DOBSON ROAD CHANDLER, AZ 85224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORTON CURE PARALYSIS FUND 4939 WEST RAY ROAD SUITE 4190 CHANDLER, AZ 85226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MIDWEST FOOD BANK NFP INC 725 EAST BASELINE RD GILBERT, AZ 85233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
ARETE PREPARATORY ACADEMY 4525 EAST BASELINE ROAD GILBERT, AZ 85234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC PO BOX 2123 CHANDLER, AZ 85244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
ROBERT AND DANELL TARWATER ELEMENTA 2300 SOUTH GARDNER DRIVE CHANDLER, AZ 85248	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
NAVARRETE ELEMENTARY 6490 S SUN GROVES BLVD CHANDLER, AZ 85249	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTREACH THERAPLAY INC 8506 E KEIM DR SCOTTSDALE, AZ 85250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
OUTREACH THERAPLAY INC 8506 E KEIM DR SCOTTSDALE, AZ 85250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,540
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCKY DOG RESCUE INC 4400 N SCOTTSDALE RD SUITE 9-319 SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
OMEGA DELTA PHI LEGACY FOUNDATION 6505 E OSBORN RD APT 272 SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA COUNCIL ON ECONOMIC EDUCATI 3260 NORTH HAYDEN ROAD SUITE 207 SCOTTSDALE, AZ 85251	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
PARENT BOOSTER USA INC 9025 N MORNING GLORY RD PARADISE VLY, AZ 85253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PARENT BOOSTER USA INC 9025 N MORNING GLORY RD PARADISE VLY, AZ 85253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,395
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA PRIVATE EDUCATION SCHOLARSH 6909 E GREENWAY PKWY STE 240 SCOTTSDALE, AZ 85254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,269
ARIZONA PRIVATE EDUCATION SCHOLARSH 6909 E GREENWAY PKWY STE 240 SCOTTSDALE, AZ 85254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,284
FORE BATTEN FOUNDATION 7433 E JOURNEY LN SCOTTSDALE, AZ 85255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASTE NOT INC 1700 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
WASTE NOT INC 1700 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSCULAR DYSTROPHY ASSOCIATION 7975 N HAYDEN ROAD SUITE C-370 SCOTTSDALE, AZ 85258	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASIS SCOTTSDALE 7975 N HAYDEN RD STE B100 SCOTTSDALE, AZ 85258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	740
BASIS AHWATUKEE 7975 N HAYDEN RD STE B100 SCOTTSDALE, AZ 85259	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 16648 N 94TH ST SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 16648 N 94TH ST SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
HUNKAPI PROGRAMS INC 12051 NORTH 96TH STREET SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
TRANQUILITY TRAIL ANIMAL SANCTUARY 7741 EAST GRAY RD STE 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANQUILITY TRAIL ANIMAL SANCTUARY 7741 EAST GRAY RD STE 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARIZONA EQUINE RESCUE ORGANIZATION 34522 N SCOTTSDALE RD D7-168 SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARIZONA EQUINE RESCUE ORGANIZATION 34522 N SCOTTSDALE RD D7-168 SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID TO WOMEN CENTER 1328 E APACHE BLVD TEMPE, AZ 85281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	765
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ARIZONANS FOR CHILDREN INC 2435 E LA JOLLA DRIVE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARIZONANS FOR CHILDREN INC 2435 E LA JOLLA DRIVE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	645
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	451
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	91
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,525
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 12438 TEMPE, AZ 85284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC PO BOX 12438 TEMPE, AZ 85284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME NETWORK INC PO BOX 12495 TEMPE, AZ 85284	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KYRENE ELEMENTARY DISTRICT 8700 SOUTH KYRENE ROAD TEMPE, AZ 85284	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
SYMPHONY OF THE SOUTHWEST 2347 E STOTTLER DRIVE GILBERT, AZ 85296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RIGGS ELEMENTARY6930 S SEVILLE GILBERT, AZ 85296	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VINEYARD COMMUNITY CHARITIES 6250 WEST PEORIA AVENUE GLENDALE, AZ 85302	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ARIZONA COYOTES FOUNDATION 9400 W MARYLAND AVE GLENDALE, AZ 85305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC PO BOX 11120 GLENDALE, AZ 85318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 11120 GLENDALE, AZ 85318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RANCHO TIERRA MADRA CORP 27115 N 45TH STREET CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO TIERRA MADRA CORP 27115 N 45TH STREET CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO TIERRA MADRA CORP 27115 N 45TH STREET CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
DESERT EDGE MENTORING SERVICES PO BOX 1097 LAVEEN, AZ 85339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YUMAS EDUCATION SCHOLARSHIP FUND FO 340 W 32ND STREET PMB 403 YUMA, AZ 85364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,177
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEVILLA16752 N GREASEWOOD ST SURPRISE, AZ 85378	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BENEVILLA16752 N GREASEWOOD ST SURPRISE, AZ 85378	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SONORAN HEIGHTS ELEMENTARY 11405 N GREER RANCH PARKWAY SURPRISE, AZ 85379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE ROSEFIELD 12050 N BULLARD AVENUE SURPRISE, AZ 85379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	72
SONORAN HEIGHTS ELEMENTARY 11405 N GREER RANCH PARKWAY SURPRISE, AZ 85379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
SOUTHWEST LIVING HISTORY ASSOCIATIO 28987 N 70TH DR PEORIA, AZ 85383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAILEYS BOOK CLUB INC 23907 N 104TH AVE PEORIA, AZ 85383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SOUTHWEST LIVING HISTORY ASSOCIATIO 28987 N 70TH DR PEORIA, AZ 85383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,169
HAPPY ACRES CHILDRENS HOME 24500 N 72ND AVE PEORIA, AZ 85383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHIRICAHUA COMMUNITY HEALTH CENTERS 1205 F AVENUE DOUGLAS, AZ 85607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SOUTHEASTERN ARIZONA CONSUMER-RUN S 548 W FRY BLVD SIERRA VISTA, AZ 85636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CATHOLIC FOUNDATION FOR THE DIOCESE 64 E BROADWAY TUCSON, AZ 85701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 20 E CONGRESS ST STE 300 TUCSON, AZ 85701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GREATER TUCSON LEADERSHIP INC 465 WEST ST MARYS ROAD TUCSON, AZ 85701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA THEATRE COMPANY 343 S SCOTT AVE TUCSON, AZ 85701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOX TUCSON THEATRE FOUNDATION P O BOX 1008 TUCSON, AZ 85702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LITERACY CONNECTS200 E YAVAPAI RD TUCSON, AZ 85705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FLORENCE IMMIGRANT AND REFUGEE RIGH 738 N 5TH AVENUE TUCSON, AZ 85705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE IMMIGRANT AND REFUGEE RIGH 738 N 5TH AVENUE TUCSON, AZ 85705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CHILD LANGUAGE CENTER INC 202 E SPEEDWAY TUCSON, AZ 85705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST ELIZABETH'S HEALTH CENTER 140 W SPEEDWAY BLVD STE 100 TUCSON, AZ 85705	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ELIZABETH'S HEALTH CENTER 140 W SPEEDWAY BLVD STE 100 TUCSON, AZ 85705	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210067 TUCSON, AZ 85710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD SUITE 109 TUCSON, AZ 85710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD SUITE 109 TUCSON, AZ 85710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	441
CONQUISTADORES YOUTH GOLF FUND 6450 E BROADWAY BLVD TUCSON, AZ 85710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EARN TO LEARN 4803 E 5TH STREET SUITE 215 TUCSON, AZ 85711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH STREET STE 209 TUCSON, AZ 85711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH STREET TUCSON, AZ 85711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,139
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,089
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,213
OUR FAMILY SERVICES INC 2590 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
NETWORK FOR GOOD INC 2590 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOOD BANK INC 3003 S COUNTRY CLUB ROAD TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK INC 3003 S COUNTRY CLUB ROAD TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE PRIMAVERA FOUNDATION INC 151 W 40TH STREET TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,500
THE PRIMAVERA FOUNDATION INC 151 W 40TH STREET TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOUTHERN ARIZO 3817 E RIVER ROAD TUCSON, AZ 85718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PETFINDER FOUNDATION 4729 E SUNRISE DRIVE 119 TUCSON, AZ 85718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY TUCSON INC 3501 N MOUNTAIN AVENUE TUCSON, AZ 85719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY TUCSON INC 3501 N MOUNTAIN AVENUE TUCSON, AZ 85719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY HOUSING RESOURCES INC 1700 E FT LOWELL RD SUITE 101 TUCSON, AZ 85719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER STREET TUCSON, AZ 85719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER STREET TUCSON, AZ 85719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JOBPATH INC 220 W 6TH STREET SUITE A108 TUCSON, AZ 85721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	333
UNIVERSITY OF ARIZONA 1125 N VINE AVENUE TUCSON, AZ 85721	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
PEI PEOPLE SHAR PEI RESCUE INC PO BOX 64424 TUCSON, AZ 85728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPTOWN-TUCSON OPTIMIST YOUTH FOUNDA 1914 W DESERT HIGHLANDS DRIVE TUCSON, AZ 85737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INTERMOUNTAIN CENTERS FOR HUMAN DEV 994 S HARRISON ROAD TUCSON, AZ 85748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
D M 50 C 3PO BOX 32919 TUCSON, AZ 85751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FLAGSTAFF SHELTER SERVICES INC 4185 E HUNTINGTON DR FLAGSTAFF, AZ 86002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WILDERNESS VOLUNTEERS PO BOX 22292 FLAGSTAFF, AZ 86002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND CANYON ASSOCIATION PO BOX 399 GRAND CANYON, AZ 86023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GRAND CANYON ASSOCIATION PO BOX 399 GRAND CANYON, AZ 86023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GRAND CANYON ASSOCIATION PO BOX 399 GRAND CANYON, AZ 86023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLUB FOR YOUTHPO BOX 4362 KINGMAN, AZ 86402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KEEPERS OF THE WILD 13441 EAST HIGHWAY 66 VALENTINE, AZ 86437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EAST MOUNTAIN HIGH SCHOOL FOUNDATIO PO BOX 1852 SANDIA PARK, NM 87047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTCOMES INC1503 UNIVERSITY BLVD ALBUQUERQUE, NM 87102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DVRC INC 625 SILVER AVE SW SUITE 185 ALBUQUERQUE, NM 87102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OUTCOMES INC1503 UNIVERSITY BLVD ALBUQUERQUE, NM 87102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPLORA SCIENCE CENTER & CHILDRENS 1701 MOUNTAIN ROAD NW ALBUQUERQUE, NM 87104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
EXPLORA SCIENCE CENTER & CHILDRENS 1701 MOUNTAIN ROAD NW ALBUQUERQUE, NM 87104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ARCHAEOLOGICAL CONSERVANCY 1717 GIRARD BLVD NE ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NEW DAY INC 2305 RENARD PLACE SE SUITE 200 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2309 RENARD PL SE SUITE 105 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS GRIEF CENTER OF NEW MEXIC 3001 TRELLIS DRIVE NW ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS GRIEF CENTER OF NEW MEXIC 3001 TRELLIS DRIVE NW ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FATHERS BUILDING FUTURES 4301 4TH ST NW ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHILDRENS GRIEF CENTER OF NEW MEXIC 3001 TRELLIS DRIVE NW ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF NEW MEXIC 7400 TIBURON ST NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SPECIAL OLYMPICS NEW MEXICO INC 6600 PALOMAS NE STE 207 ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 7445 PAN AMERICAN W FWY NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW MEXICO IN 4700 LINCOLN ROAD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
JUNIOR ACHIEVEMENT OF NEW MEXICO IN 4700 LINCOLN ROAD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
MAKE-A-WISH FOUNDATION OF NEW MEXIC 7400 TIBURON ST NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW MEXICO INC 6600 PALOMAS NE STE 207 ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
YES HOUSING INC 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN INDIAN GRADUATE CENTER INC 3701 SAN MATEO BLVD NE STE 200 ALBUQUERQUE, NM 87110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY 4900 MENAUL NE ABQ, NM 87110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SARANAM LLC 1100 EUBANK NE SUITE A ALBUQUERQUE, NM 87112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
SARANAM LLC 1100 EUBANK NE SUITE A ALBUQUERQUE, NM 87112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	910
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FELIX PANTRY INC 4020 BARBARA LOOP SE RIO RANCHO, NM 87124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,000
THE ROCK AT NOONDAYPO BOX 25451 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
JOY JUNCTIONPO BOX 27693 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE HOUSING COALITION OF NEW PO BOX 27459 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HEADING HOMEPO BOX 27636 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIETY FOR PRESERVATION & ENCRGMNT 5650 JACKSON LOOP RIO RANCHO, NM 87144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO PHILHARMONIC INC PO BOX 21428 ALBUQUERQUE, NM 87154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NEW MEXICO PHILHARMONIC INC PO BOX 21428 ALBUQUERQUE, NM 87154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ENLACE COMUNITARIOPO BOX 8919 ALBUQUERQUE, NM 87198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES GALLUP INC 503 W HIGHWAY 66 AVE SUITE C GALLUP, NM 87301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL DANCE INSTITUTE NEW MEXICO 1140 ALTO STREET SANTA FE, NM 87501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL DANCE INSTITUTE NEW MEXICO 1140 ALTO STREET SANTA FE, NM 87501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DANCE INSTITUTE NEW MEXICO 1140 ALTO STREET SANTA FE, NM 87501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CANCER FOUNDATION FOR NEW MEXICO 3005 SOUTH ST FRANCIS DRIVE SUITE 3-B SANTA FE, NM 87505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,571
CANCER FOUNDATION FOR NEW MEXICO 3005 SOUTH ST FRANCIS DRIVE SUITE 3-B SANTA FE, NM 87505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR CONTEMPORARY ARTS OF 1050 OLD PECOS TRAIL SANTA FE, NM 87505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,210
CANCER FOUNDATION FOR NEW MEXICO 3005 SOUTH ST FRANCIS DRIVE SUITE 3-B SANTA FE, NM 87505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 87507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVENUE SANTA FE, NM 87508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOS ALAMOS VISITING NURSE SERVICE I 2202 CANYON ROAD LOS ALAMOS, NM 87544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
MESILLA VALLEY COMMUNITY OF HOPE IN 999 W AMADOR LAS CRUCES, NM 88004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,500
LAS CRUCES RIO GRANDE ROTARY FOUNDA PO BOX 550 LAS CRUCES, NM 88004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE PEREGRINOS INC 999 W AMADOR AVENUE SUITE F LAS CRUCES, NM 88005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NGAGE NEW MEXICO 3880 FOOTHILLS RD STE A LAS CRUCES, NM 88011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,960
NGAGE NEW MEXICO 3880 FOOTHILLS RD STE A LAS CRUCES, NM 88011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,040
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST TEE OF THE PECOS VALLEY INC 201 W 19TH ST ROSWELL, NM 88201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
ROSWELL AREA ARTS COUNCIL 400 WEST THIRD STREET ROSWELL, NM 88201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 2910 N GANTT HOBB, NM 88240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYPOWER INCPOBOX 1756 HOBBS, NM 88241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWEST SYMPHONY INC PO BOX 101 HOBBS, NM 88241	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RES-Q-ME ANIMAL RESCUE 770 SAN REMO WAY BOULDER CITY, NV 89005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST VALLEY F C 170 CARLSBAD CAVERNS STREET HENDERSON, NV 89012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
EAST VALLEY F C 170 CARLSBAD CAVERNS STREET HENDERSON, NV 89012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 209 S STEPHANIE ST LAS VEGAS, NV 89012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN VANDERBURG ELEMENTARY SCHOOL 2040 DESERT SHADOW TRAIL HENDERSON, NV 89012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
NEVADA STATE COLLEGE FOUNDATION INC DEVELOPMENT OFFICE / NEVADA STATE COLLEGE FOUNDATION HENDERSON, NV 89015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OGDEN FOUNDATION 10624 SOUTH EASTERN AVENUE A-195 HENDERSON, NV 89052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOB MILLER MIDDLE SCHOOL 2400 COZY HILLS CIR HENDERSON, NV 89052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	97
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC SUITE 160 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC SUITE 160 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 701 E BRIDGER AVENUE SUITE 750 LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
REBUILDING TOGETHER SOUTHERN NEVADA 611 SOUTH NINTH STREET LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED STATES VETERANS INITIATIVE 525 EAST BONANZA ROAD LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS NATURAL HISTORY MUSEUM 900 LAS VEGAS BOULEVARD NORTH LAS VEGAS, NV 89101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
LAS VEGAS NATURAL HISTORY MUSEUM 900 LAS VEGAS BOULEVARD NORTH LAS VEGAS, NV 89101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	11,000
SAFE NEST TEMPORARY ASSISTANCE FOR 2915 W CHARLESTON BLVD SUITE 3A LAS VEGAS, NV 89102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE SMILES3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SAFE NEST TEMPORARY ASSISTANCE FOR 2915 W CHARLESTON BLVD SUITE 3A LAS VEGAS, NV 89102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 4580 W SAHARA SUITE 120 LAS VEGAS, NV 89102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4445 S JONES BLVD SUITE B1 LAS VEGAS, NV 89103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
AMERICAN HEART ASSOCIATION INC 4445 S JONES BLVD SUITE B1 LAS VEGAS, NV 89103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
OPERATION HOMEFRONT INC 4720 WYNN RD LAS VEGAS, NV 89103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID CENTER OF SOUTHERN NEVADA 725 E CHARLESTON BLVD LAS VEGAS, NV 89104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FOUNDATION FOR AN INDEPENDENT TOMOR 1931 STELLA LAKE DRIVE LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE SMITH CENTER FOR THE PERFORMING 361 SYMPHONY PARK AVE LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANT A GIFT AUTISM FOUNDATION 630 S RANCHO DR STE D LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARALYZED VETERANS OF AMERICA 704 S JONES BLVD LAS VEGAS, NV 89107	NONE	501(C)(4)	PROGRAM/OPERATING SUPPORT	5,000
YMCA OF SOUTHERN NEVADA 4141 MEADOWS LANE LAS VEGAS, NV 89107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN NEVA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JUNIOR ACHIEVEMENT OF SOUTHERN NEVA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF SOUTHERN NEVA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACIES ALIVE 222 KAREN AVE UNIT 3404 LAS VEGAS, NV 89109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER LAS VEGAS INNER-CITY GAMES 8485 W SUNSET ROAD SUITE 106 LAS VEGAS, NV 89113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GREATER LAS VEGAS INNER-CITY GAMES 8485 W SUNSET ROAD SUITE 106 LAS VEGAS, NV 89113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS WEST ROTARY CHARITABLE FO 2001 CANYON GATE DR LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITIES IN SCHOOLS OF NEVADA 8350 W SAHARA AVE STE 110 LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS OF NEVADA 8350 W SAHARA AVE STE 110 LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS WEST ROTARY CHARITABLE FO 2001 CANYON GATE DR LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 6165 RAINBOW BLVD LAS VEGAS, NV 89118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GREEN OUR PLANET 6795 EDMOND STREET 3RD FLOOR LAS VEGAS, NV 89118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1771 E FLAMINGO RD 206-B LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLARK COUNTY PUBLIC EDUCATION FOUND 4350 S MARYLAND PARKWAY LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CLARK COUNTY PUBLIC EDUCATION FOUND 4350 S MARYLAND PARKWAY LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COUNTY PUBLIC EDUCATION FOUND 4350 S MARYLAND PARKWAY LAS VEGAS, NV 89119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HELP OF SOUTHERN NEVADA 1640 E FLAMINGO ROAD 100 LAS VEGAS, NV 89119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MIRACLE FLIGHTS 5740 S EASTERN AVE SUITE 240 LAS VEGAS, NV 89119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1771 E FLAMINGO RD 206-B LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1771 E FLAMINGO RD 206-B LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3191 E WARM SPRINGS RD LAS VEGAS, NV 89120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SOCIAL SERVICES OF NEVADA 4323 BOULDER HIGHWAY LAS VEGAS, NV 89121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WOMENS DEVELOPMENT CENTER INC 4020 PECOS MCLEOD LAS VEGAS, NV 89121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE SHADE TREE INCORPORATED 1 WEST OWENS LAS VEGAS, NV 89125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE CREST 4285 N RANCHO DRIVE SUITE 160 LAS VEGAS, NV 89130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	487
FOLDED FLAG FOUNDATION INC 1701 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	771
FOLDED FLAG FOUNDATION INC 1701 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALO VERDE LACROSSE CLUB PO BOX 370696 LAS VEGAS, NV 89137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWAY 110-474 LAS VEGAS, NV 89141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWAY 110-474 LAS VEGAS, NV 89141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS VICTIMS FUND 900 PAVILION CENTER DRIVE SUITE 150 LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF SOUTHERN NEVA 2850 LINDELL ROAD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
OPPORTUNITY VILLAGE ASSOCIATION FOR 6300 W OAKEY BLVD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS VALLEY HUMANE SOCIETY 3395 S JONES BLVD 454 LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF SOUTHERN NEVA 2850 LINDELL ROAD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BEST BUDDIES INTERNATIONAL INC 6655 W SAHARA AVE SUITE A110 LAS VEGAS, NV 89146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FULFILLMENT FUND LAS VEGAS 8930 SPANISH RIDGE AVE LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
JDRF INTERNATIONAL 5542 S FORT APACHE RD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
FOSTER KINSHIP 6070 GABRIELLE CAROL COURT LAS VEGAS, NV 89149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA HOMELESS ALLIANCE PO BOX 95522 LAS VEGAS, NV 89193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SIERRA NEVADA COLLEGE 999 TAHOE BOULEVARD INCLINE VILLAGE, NV 89451	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SERVICE CORPS OF RETIRED EXECUTIVES 450 SINCLAIR ST RENO, NV 89501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 1575 DELUCCHI LN STE 207A RENO, NV 89502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
JUNIOR ACHIEVEMENT USA 1575 DELUCCHI LANE SUITE 207A RENO, NV 89502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JUNIOR ACHIEVEMENT USA 1575 DELUCCHI LN STE 207A RENO, NV 89502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF RENO CENTRAL CHARITA 924 S VIRGINIA ST RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ACCESS TO HEALTHCARE NETWORK INC 4001 S VIRGINIA STREET - SUITE F RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
ACCESS TO HEALTHCARE NETWORK INC 4001 S VIRGINIA STREET - SUITE F RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN NEVADA HIV OUTPATIENT PROG 580 WEST 5TH ST RENO, NV 89503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHERN NEVADA HIV OUTPATIENT PROG 580 WEST 5TH ST RENO, NV 89503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPPORTUNITY ALLIANCE NEVADA 639 ISBELL ROAD SUITE 460 RENO, NV 89509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDERSON ELEMENTARY SCHOOL 1055 BERRUM LANE RENO, NV 89509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 645 SIERRA ROSE DR 106 RENO, NV 89511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC CHARITIES OF NORTHERN NEVA PO BOX 5099 RENO, NV 89513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 500 DOUBLE EAGLE COURT RENO, NV 89521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOARD OF REGENTS NEVADA SYSTEM OF H UNIVERSITY OF NEVADA RENO MS 294 RENO, NV 89557	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEVADA HUMANE SOCIETY INC 549 AIRPORT ROAD CARSON CITY, NV 89701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NEVADA COLLEGE FOUNDATION 2201 WEST COLLEGE PARKWAY CARSON CITY, NV 89703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
WESTERN NEVADA COLLEGE FOUNDATION 2201 WEST COLLEGE PARKWAY CARSON CITY, NV 89703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
WESTERN NEVADA COLLEGE FOUNDATION 2201 WEST COLLEGE PARKWAY CARSON CITY, NV 89703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRIVE FOUNDATION 9124 S MAIN STREET LOS ANGELES, CA 90003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
JUNIOR LEAGUE OF LOS ANGELES INC 630 N LARCHMONT BLVD LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	109
P F BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETLIGHTS PRODUCTION ASSISTANT P 662 N VAN NESS AVE SUITE 105 LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EXTRAORDINARY FAMILIES 221 N ARDMORE AVENUE LOS ANGELES, CA 90004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THIRD STREET SCHOOL 201 S JUNE ST LOS ANGELES, CA 90004	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DR LOS ANGELES, CA 90005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BUREAU OF SOUTHERN CALIF 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIFT INC1910 MAGNOLIA AVE LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 3731 STOCKER ST STE 212 LOS ANGELES, CA 90008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SISTERS INVOLVED IN LINKING KNOWLED PO BOX 90772 LOS ANGELES, CA 90009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
SISTERS INVOLVED IN LINKING KNOWLED PO BOX 90772 LOS ANGELES, CA 90009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF LOS ANGELES EDUCATIO 3424 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS GREATER LOS ANGELES 4221 WILSHIRE BLVD 400 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HAVE A DREAM FOUNDATION-LOS ANGEL 3580 WILSHIRE BLVD STE 720 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BOULEVARD STE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AFTER-SCHOOL ALL-STARS LOS ANGELES 3450 WILSHIRE BLVD SUITE 550 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BET TZEDEK 3250 WILSHIRE BLVD 13TH FL LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CATHOLIC CHARITIES OF LOS ANGELES 3250 WILSHIRE BLVD STE 1010 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CATHOLIC CHARITIES OF LOS ANGELES 3250 WILSHIRE BLVD STE 1010 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR THE PACIFIC ASIAN FAMILY 3424 WILSHIRE BLVD SUITE 1000 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ALZHEIMERS GREATER LOS ANGELES 4221 WILSHIRE BLVD 400 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 4929 WILSHIRE BOULEVARD STE 760 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
A COMMUNITY OF FRIENDS 3701 WILSHIRE BOULEVARD SUITE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS GREATER LOS ANGELES 4221 WILSHIRE BLVD 400 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HAVE A DREAM FOUNDATION-LOS ANGEL 3580 WILSHIRE BLVD STE 720 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LOS ANGELES BROTHERHOOD CRUSADE - B 200 EAST SLAUSON AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LOS ANGELES BROTHERHOOD CRUSADE - B 200 EAST SLAUSON AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PERFORMING ARTS CENTER OF LOS ANGEL 135 N GRAND AVENUE 4TH FLOOR LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORO SOUTHERN CALIFORNIA INC 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES TEAM MENTORING INC A DE 145 S SPRING STREET SUITE 725 LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
JAPANESE AMERICAN NATIONAL MUSEUM 100 NORTH CENTRAL AVENUE LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PERFORMING ARTS CENTER OF LOS ANGEL 135 N GRAND AVENUE 4TH FLOOR LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET SUITE 230 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES TEAM MENTORING INC A DE 145 S SPRING STREET STE 725 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,830
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST-WEST PLAYERS INC 120 JUDGE JOHN AISO STREET LOS ANGELES, CA 90012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SOUTHERN CALIFORNIA ASSOCIATION OF 340 E 2ND STREET SUITE 406 LOS ANGELES, CA 90012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SOUTHERN CALIFORNIA CENTER FOR NONP 1000 N ALAMEDA STREET SUITE 250 LOS ANGELES, CA 90012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES RIVER REVITALIZATION CO 525 S HEWITT STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LEADERSUP 830 TRACTION AVENUE 3A HUB LOS ANGELES, CA 90013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TEACH FOR AMERICA INC 606 SOUTH OLIVE STREET 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TEACH FOR AMERICA INC 606 SOUTH OLIVE STREET 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 606 SOUTH OLIVE STREET 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TEACH FOR AMERICA INC 606 SOUTH OLIVE ST SUITE 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
MEXICAN AMERICAN LEGAL DEFENSE AND 634 SOUTH SPRING ST 11TH FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CATHOLIC BIG BROTHERS BIG SISTERS I 1530 JAMES M WOOD BLVD LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN DOT PUBLIC SCHOOLS 1149 S HILL STREET STE 600 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ABODE COMMUNITIES 1149 S HILL STREET SUITE 700 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABODE COMMUNITIES 1149 S HILL STREET SUITE 700 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ABODE COMMUNITIES 1149 S HILL STREET SUITE 700 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,995
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE ST 25TH FL LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ASIAN AMERICAN DRUG ABUSE PROGRAM I 2900 CRENSHAW BLVD LOS ANGELES, CA 90016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PHASE ONE 5792 WEST JEFFERSON BOULEVARD LOS ANGELES, CA 90016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CONTEMPORARY BALLET INC 700 S FLOWER STREET SUITE 3200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BACK ON MY FEET 811 W 7TH ST 12TH FLOOR LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
SOCIAL VENTURE PARTNERS LOS ANGELES 800 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITE-LA INC350 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SALVADORAN AMERICAN LEADERSHIP AND 421 S BIXEL ST SUITE A LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN PACIFIC COMMUNITY FUND OF SOU 1145 WILSHIRE BLVD SUITE 105 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SOCIAL VENTURE PARTNERS LOS ANGELES 800 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA SUITE 810 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAWBO-LA FOUNDATION INC 811 WEST 7TH STREET ST LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OCEAN PARK COMMUNITY CENTER 2116 ARLINGTON AVE SUITE 100 LOS ANGELES, CA 90018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OCEAN PARK COMMUNITY CENTER 2116 ARLINGTON AVE SUITE 100 LOS ANGELES, CA 90018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOREAN AMERICAN COALITION 3727 WEST 6TH ST SUITE 305 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KOREATOWN YOUTH AND COMMUNITY CENTE 3727 W 6TH ST SUITE 300 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
KOREAN AMERICAN COALITION 3727 WEST 6TH ST SUITE 305 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ANTI-RECIDIVISM COALITION 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
TELACU EDUCATION FOUNTATION 5400 EAST OLYMPIC BOULEVARD THIRD FLOOR LOS ANGELES, CA 90022	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCELENCIA ACADEMY INC 2821 E 7TH ST LOS ANGELES, CA 90023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MAZON INC A JEWISH RESPONSE TO HUNG 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAZON INC A JEWISH RESPONSE TO HUNG 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,025
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CALIFORNIA STATE UNIVERSITY LONG BE 1500 COTNER AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
FOUNDATION FIGHTING BLINDNESS INC 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,709
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 10350 SANTA MONICA BOULEVARD USA SUITE 120 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FIGHTING BLINDNESS INC 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DIRECTIONS INCPO BOX 25536 LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
NEW DIRECTIONS INCPO BOX 25536 LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FOUNDATION FIGHTING BLINDNESS INC 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
NEW DIRECTIONS INCPO BOX 25536 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2333 SCOUT WAY LOS ANGELES, CA 90026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OUR MOTHER OF GOOD COUNSEL CHURCH 2060 N VERMONT AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,080
GREATER LOS ANGELES ZOO ASSOCIATION 5333 ZOO DRIVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	868
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
RAISE A CHILD INCORPORATED 5419 HOLLYWOOD BLVD SUITE C-419 HOLLYWOOD, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARA LOS NINOS 5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,820
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
GREATER LOS ANGELES ZOO ASSOCIATION 5333 ZOO DRIVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
IMMACULATE HEART HIGH SCHOOL 5515 FRANKLIN AVE LOS ANGELES, CA 90028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTE DOR FOUNDATION PO BOX 29076 LOS ANGELES, CA 90029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
RONALD MCDONALD HOUSE CHARITIES OF 1250 LYMAN PLACE LOS ANGELES, CA 90029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CULTURAL HERITAGE FOUNDATION INC 3800 HOMER STREET LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL HERITAGE FOUNDATION INC 3800 HOMER STREET LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
CALIFORNIA STATE UNIVERSITY LOS ANG 5151 STATE UNIVERSITY DRIVE ADM 809 LOS ANGELES, CA 90032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUENTE LEARNING CENTER 501 S BOYLE AVENUE LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PROYECTO PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PUENTE LEARNING CENTER 501 S BOYLE AVENUE LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUENTE LEARNING CENTER 501 S BOYLE AVENUE LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
EAST L A COMMUNITY CORPORATION 2917 E 1ST ST SUITE 101 LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SELF-HELP GRAPHICS AND ARTS INC 1300 EAST 1ST STREET LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE MEMORIAL MEDICAL CENTER CHARI 1720 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
WHITE MEMORIAL MEDICAL CENTER CHARI 1720 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20,000
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHEDER MENACHEM 1606 SOUTH LA CIENEGA BLVD LOS ANGELES, CA 90035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEDER MENACHEM 1606 SOUTH LA CIENEGA BLVD LOS ANGELES, CA 90035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	180
HATZOLAH OF LOS ANGELES PO BOX 360559 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SIMXA COMPANY INC 126 SOUTH ORANGE DRIVE LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION USA 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERATION USA 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUSEUM ASSOCIATES 5905 WILSHIRE BOULEVARD LOS ANGELES, CA 90036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA SCIENCE CENTER FOUNDATIO 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70,000
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,620
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF LOS ANGELES 826 COLE AVENUE LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
KITTEN RESCUE3519 CASITAS AVE LOS ANGELES, CA 90039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INDEPENDENT SHAKESPEARE CO INC 3191 CASITAS AVENUE SUITE 130 LOS ANGELES, CA 90039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE INDEPENDENT SHAKESPEARE CO INC 3191 CASITAS AVENUE SUITE 130 LOS ANGELES, CA 90039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-44 LOS ANGELES, CA 90041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
SAINT DOMINIC SCHOOL 2005 MERTON AVENUE LOS ANGELES, CA 90041	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
LEARNING LAB VENTURES 840 N AVENUE 66 LOS ANGELES, CA 90042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES URBAN LEAGUE 4401 CRENSHAW BLVD SUITE 201 LOS ANGELES, CA 90043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY COALITION FOR SUBSTANCE A 8101 SOUTH VERMONT AVENUE LOS ANGELES, CA 90044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	463
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 9841 AIRPORT BOULEVARD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
P S ARTS 6701 CENTER DRIVE WEST SUITE 500 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 5777 CENTURY BLVD STE 865 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIVING BACK FUND INC 5757 W CENTURY BLVD SUITE 410 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	352
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,658
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,148
RUSSIAN JEWISH COMMUNITY CULTURAL C 7636 SANTA MONICA BLVD LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMBURGER HOME 7120 FRANKLIN AVENUE LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN FRIENDS OF MAGEN DAVID ADO 6505 WILSHIRE BLVD SUITE 650 LOS ANGELES, CA 90048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FULFILLMENT FUND 6100 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABY2BABY6435 WILSHIRE BLVD LOS ANGELES, CA 90048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOLDEN RETRIEVER CLUB OF GREATER LO PO BOX 491209 LOS ANGELES, CA 90049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY SCHOOL PARENTS ASSOC 11301 BELLAGIO ROAD LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
D A R E AMERICAPO BOX 512090 LOS ANGELES, CA 90051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
D A R E AMERICAPO BOX 512090 LOS ANGELES, CA 90051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
D A R E AMERICAPO BOX 512090 LOS ANGELES, CA 90051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE LOS ANGELES INC 672 S LAFAYETTE PARK PLACE UNIT 28 LOS ANGELES, CA 90057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST BARNABAS SENIOR CENTER OF LOS AN 675 S CARONDELET ST LOS ANGELES, CA 90057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
MISTAKE ROOM 1811 EAST 20TH STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
KIPP LA SCHOOLS3601 E FIRST ST LOS ANGELES, CA 90063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIPP LA SCHOOLS3601 E FIRST ST LOS ANGELES, CA 90063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PALISADES CHARTER HIGH SCHOOL 3111 GILMERTON AVE LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
PALISADES CHARTER HIGH SCHOOL 3111 GILMERTON AVE LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDARS-SINAI MEDICAL CENTER 11845 WEST OLYMPIC BLVD SUITE 1100 WEST LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	453
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERN FOUNDATION 11111 WEST OLYMPIC BLVD STE 214 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
MAKE A WISH FOUNDATION OF GREATER L 11390 W OLYMPIC BLVD SUITE 300 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERN FOUNDATION 11111 WEST OLYMPIC BLVD STE 214 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
CONCERN FOUNDATION 11111 WEST OLYMPIC BLVD STE 214 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
CAMP KESEM NATIONAL 10586 WEST PICO BOULEVARD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS OF THE WORLD 3 11561 GATEWAY BLVD LOS ANGELES, CA 90064	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
GOOD CITY MENTORS 3121 S BARRINGTON AVE SUITE 20 LOS ANGELES, CA 90066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DR LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DR LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,170
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DR LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DR LOS ANGELES, CA 90068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,671
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	161
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,660
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAGS AND WALKS 8721 SANTA MONICA BLVD 344 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE GEANCO FOUNDATION 350 S GRAND AVENUE 25TH FLOOR LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAGRANT FOUNDATION 555 SOUTH FLOWER STREET SUITE 700 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATINO BUSINESS CHAMBER OF GREATER 333 SOUTH GRAND AVE SUITE 3310 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
LIBRARY FOUNDATION OF LOS ANGELES 630 W FIFTH STREET LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YOUNG MENS CHRISTIAN ASSOCIATION OF 401 SOUTH HOPE STREET LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES POLICE FOUNDATION 633 W 5TH STREET SUITE 960 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OASIS OF HOLLYWOODPO BOX 1590 LOS ANGELES, CA 90078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OASIS OF HOLLYWOODPO BOX 1590 LOS ANGELES, CA 90078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS OF HOLLYWOODPO BOX 1590 LOS ANGELES, CA 90078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,950
DOHENY EYE INSTITUTEPO BOX 86228 LOS ANGELES, CA 90086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
DOHENY EYE INSTITUTEPO BOX 86228 LOS ANGELES, CA 90086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 3551 TROUSDALE PARKWAY LOS ANGELES, CA 90089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
UNIVERSITY OF SOUTHERN CALIFORNIA 650 CHILDS WAY RGL 210 LOS ANGELES, CA 90089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
AIDS PROJECT LOS ANGELES INC PO BOX 933005 LOS ANGELES, CA 90093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS UNIVERSITY OF CALIFORNIA LO OFFICE OF DEVELOPMENT 110 WESTWOOD PLAZA MULLIN MANAGEMENT COMMONS LOS ANGELES, CA 90095	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE AND RELATED DISO 9606 S SANTA MONICA BLVD SUITE 200 BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TREEPEOPLE INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREEPEOPLE INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LUPUS LA 8383 WILSHIRE BLVD SUITE 232 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	615
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LUPUS LA 8383 WILSHIRE BLVD SUITE 232 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD SUITE 401 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SHEBA MEDICAL CENTER INC 9465 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
FRIENDS OF SHEBA MEDICAL CENTER INC 9465 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1761 BEVERLY HILLS, CA 90213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAJOR LEAGUE BASEBALL URBAN YOUTH F 901 E ARTESIA BLVD COMPTON, CA 90221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,825
KIDSAVE INTERNATIONAL INC 100 CORPORATE POINTE SUITE 380 CULVER CITY, CA 90230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIDSAVE INTERNATIONAL INC 100 CORPORATE POINTE SUITE 380 CULVER CITY, CA 90230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,093
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,507
LOS ANGELES WORLD AFFAIRS COUNCIL 3535 HAYDEN AVENUE SUITE 200 CULVER CITY, CA 90232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,883
LOS ANGELES WORLD AFFAIRS COUNCIL 3535 HAYDEN AVENUE SUITE 200 CULVER CITY, CA 90232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO LOS AMIGOS FOUNDATION INC 7601 E IMPERIAL HWY DOWNEY, CA 90242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BUSINESS RESOURCE GROUP INC 13545 HAWTHORNE BOULEVARD 200 HAWTHORNE, CA 90250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISEBURN EDUCATION FOUNDATION 5309 W 135TH ST HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TEEN CHALLENGE OF SOUTHERN CALIFORN PO BOX 35 LYNWOOD, CA 90262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 1401 ARTESIA BOULEVARD MANHATTAN BEACH, CA 90266	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 110 S ROWELL AVE MANHATTAN BEACH, CA 90266	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MANHATTAN BEACH MIDDLE 1501 N REDONDO AVENUE MANHATTAN BEACH, CA 90266	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
PACIFIC PALISADES WOMANS CLUB PO BOX 292 PACIFIC PALISADES, CA 90272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEWS PARISH SCHOOL 1031 BIENVENEDA AVE PACIFIC PLSDS, CA 90272	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
ST MATTHEWS PARISH SCHOOL 1031 BIENVENEDA AVE PACIFIC PLSDS, CA 90272	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
ST MATTHEWS PARISH SCHOOL 1031 BIENVENEDA AVE PACIFIC PLSDS, CA 90272	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 90274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 90274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 90274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH COAST BOTANIC GARDEN FOUNDATI 26300 CRENSHAW BLVD PALO VERDES PEN, CA 90274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES COUNTY ANIMAL CARE FOUN PO BOX 265 PALOS VERDES ESTATES, CA 90274	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES COUNTY ANIMAL CARE FOUN PO BOX 265 PALOS VERDES ESTATES, CA 90274	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONE SCHOOL AT PEDREGAL BOOS 6069 GROVEOAK PLACE RANCHO PALOS VERDES, CA 90275	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
JEWISH COMMUNITY CENTER OF THE SOUT 2108 VAIL AVENUE REDONDO BEACH, CA 90278	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
ARMENIAN CULTURAL ASSOCIATION HAMAZ 2010 RIPLEY AVE REDONDO BEACH, CA 90278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN CULTURAL ASSOCIATION HAMAZ 2010 RIPLEY AVE REDONDO BEACH, CA 90278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ENCORPS INC 2455 190TH STREET SUITE G REDONDO BEACH, CA 90278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY PARTNERS 2469 S LINCOLN BLVD VENICE, CA 90291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADICAL ALIVENESS INSTITUTE 836 VENEZIA AVE VENICE, CA 90291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
DETROIT CREATIVITY PROJECT PO BOX 1236 VENICE, CA 90294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BAIL PROJECT INCPO BOX 750 VENICE, CA 90294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAIL PROJECT INCPO BOX 750 VENICE, CA 90294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LOS ANGELES VIKING CHARITIES PO BOX 9223 MARINA DEL REY, CA 90295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
PS SCIENCE1000 W HILLCREST BLVD INGLEWOOD, CA 90301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	109
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS SCIENCE1000 W HILLCREST BLVD INGLEWOOD, CA 90301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY CORPORATION OF SANTA MONI 1423 SECOND STREET SUITE B SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMBODIAN CHILDRENS FUND 2461 SANTA MONICA BLVD PMB 833 SANTA MONICA, CA 90404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHRYSALIS CENTER 1853 LINCOLN BLVD SANTA MONICA, CA 90404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
CAMBODIAN CHILDRENS FUND 2461 SANTA MONICA BLVD PMB 833 SANTA MONICA, CA 90404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE CHRYSALIS CENTER 1853 LINCOLN BLVD SANTA MONICA, CA 90404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	650
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
HAPPY TRAILS FOR KIDS 2525 OCEAN PARK BLVD STE 104 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
D A R E AMERICA 2633 LINCOLN BLVD 129 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JEWISH JUMPSTART 2801 OCEAN PARK BLVD 348 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
CLARE FOUNDATION INC 909 PICO BLVD SANTA MONICA, CA 90405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NICKS SOCIAL & COMMUNITY LIVING 2909 OREGON COURT SUITE A-3 TORRANCE, CA 90503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
POLICE UNITY TOUR INC 21143 HAWTHORNE BOULEVARD 293 TORRANCE, CA 90503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SOUTHERN CALIFORNIA LABRADOR RETRIE 24325 CRENSHAW BLVD 137 TORRANCE, CA 90505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COUNCIL ON ECONOMIC EDUC 23430 HAWTHORNE BOULEVARD TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTHERN CALIFORNIA LABRADOR RETRIE 24325 CRENSHAW BLVD 137 TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BEAGLE RESCUE INCPO BOX 330 TORRANCE, CA 90507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YONSEI BASKETBALL ASSOCIATION PO BOX 5249 TORRANCE, CA 90510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PIH HEALTH FOUNDATION 12401 WASHINGTON BLVD WHITTIER, CA 90602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BIOLA UNIVERSITY INC 13800 BIOLA AVE LA MIRADA, CA 90639	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATINO DIABETES ASSOCIATION PO BOX 1347 MONTEBELLO CA 90640 MONTEBELLO, CA 90640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SENHOA FOUNDATION 17832 PIONEER BLVD ARTESIA CA 90701 ARTESIA, CA 90701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
CDA FUTBOL CLUB 18501 PARKVALLE AVE CERRITOS, CA 90703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 8739 ARTESIA BOULEVARD BELLFLOWER, CA 90706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 8739 ARTESIA BOULEVARD BELLFLOWER, CA 90706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST JOHN BOSCO HIGH SCHOOL 13640 S BELLFLOWER BLVD BELLFLOWER, CA 90706	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,372
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF SOUTH BAY - LOS A 25816 WALNUT ST LOMITA, CA 90717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
BREAST CANCER ANGELSPO BOX 340 LOS ALAMITOS, CA 90720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
UNITED SERVICE ORGANIZATIONS 200 PINE AVENUE SUITE 240 LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 200 PINE AVENUE SUITE 240 LONG BEACH, CA 90802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUSEUM OF LATIN AMERICA ART 628 ALAMITOS AVE LONG BEACH, CA 90802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LONG BEACH SYMPHONY ASSOCIATION 249 E OCEAN BOULEVARD STE 200 LONG BEACH, CA 90802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINC HOUSING CORPORATION 555 E OCEAN BLVD SUITE 900 LONG BEACH, CA 90802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LINC HOUSING CORPORATION 555 E OCEAN BLVD SUITE 900 LONG BEACH, CA 90802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
LONG BEACH SYMPHONY ASSOCIATION 249 E OCEAN BOULEVARD STE 200 LONG BEACH, CA 90802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS NATIONAL RESEARCH FOUNDAT 5354 E 2ND ST STE 201 LONG BEACH, CA 90803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,415
BOYS AND GIRLS CLUBS OF LONG BEACH 3635 LONG BEACH BLVD LONG BEACH, CA 90807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOYS & GIRLS CLUB OF CARSON 1950 E 220TH STREET SUITE 207 CARSON, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ASSOCIATED STUDENTS CALIF STATE UNI 6300 STATE UNIVERSITY DRIVE STE 332 LONG BEACH, CA 90815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SAINT MARKS SCHOOL ALTADENA INC 1050 E ALTADENA DR ALTADENA, CA 91001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAHAG-MESROB ARMENIAN CHRISTIAN SCH 2501 N MAIDEN LANE ALTADENA, CA 91001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
SAHAG-MESROB ARMENIAN CHRISTIAN SCH 2501 N MAIDEN LANE ALTADENA, CA 91001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA MINIATURE SCHNAUZER RESC 4035 ROBIN HILL ROAD FLINTRIDGE, CA 91011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LA CANADA SPARTAN BOOSTER CLUB PO BOX 154 LA CANADA, CA 91011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS HIGH SCHOOL 200 FOOTHILL BLVD LA CANADA FLINTRIDGE, CA 91011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 91016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 91016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 91016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	646
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 91016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	384
SOWING SEEDS FOR LIFE 901 FAIR OAKS AVE S PASADENA, CA 91030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AHEAD WITH HORSES INC 10157 JOHANNA AVE SHADOW HILLS, CA 91040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AHEAD WITH HORSES INC 10157 JOHANNA AVE SHADOW HILLS, CA 91040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WESTERN DRESSAGE ASSOCIATION OF AME PO BOX 44 SUNLAND, CA 91041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PLANETARY SOCIETY 60 SOUTH LOS ROBLES AVENUE PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,345
VERNON LEE AMATEUR GYMNASTICS ACADE 464 E WALNUT ST PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,909
VERNON LEE AMATEUR GYMNASTICS ACADE 464 E WALNUT ST PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PLANETARY SOCIETY 60 SOUTH LOS ROBLES AVENUE PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PASADENA SYMPHONY ASSOCIATION 2 N LAKE AVE STE 1080 PASADENA, CA 91101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,325
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,700
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH 500 E COLORADO BLVD PASADENA, CA 91101	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
OUTWARD BOUND ADVENTURES INC P O BOX 202 PASADENA, CA 91102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARMORY CENTER FOR THE ARTS 145 N RAYMOND AVE PASADENA, CA 91103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FVO SOLUTIONS INC 789 N FAIR OAKS AVENUE PASADENA, CA 91103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
YOUNG & HEALTHY 136 W PEORIA STREET PASADENA, CA 91103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MOTHERS CLUB FAMILY LEARNING CENTER 980 N FAIR OAKS AVE PASADENA, CA 91103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DRIVE PASADENA, CA 91105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PASADENA HOSPITAL ASSOCIATION LTD 100 WEST CALIFORNIA BOULEVARD PASADENA, CA 91105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON GARDEN IN PASADENA PO BOX 50617 PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,618
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
ARLINGTON GARDEN IN PASADENA PO BOX 50617 PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PASADENA CONSERVATORY OF MUSIC 100 NORTH HILL AVENUE PASADENA, CA 91106	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
PASADENA CONSERVATORY OF MUSIC 100 NORTH HILL AVENUE PASADENA, CA 91106	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ST PHILIP THE APOSTLE SCHOOL 1363 CORDOVA STREET PASADENA, CA 91106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	70
ST PHILIP THE APOSTLE SCHOOL 1363 CORDOVA STREET PASADENA, CA 91106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PHILIP THE APOSTLE SCHOOL 1363 CORDOVA STREET PASADENA, CA 91106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
HOMENETMEN 2242 E FOOTHILL BLVD 107 PASADENA, CA 91107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	635
SAN MARINO SCHOOL FOUNDATION 1665 WEST DRIVE SAN MARINO, CA 91108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA EDUCATIONAL FOUNDATION 351 SOUTH HUDSON AVENUE RM 153 PASADENA, CA 91109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ECUMENICAL COUNCIL OF THE PASADENA PO BOX 41125 PASADENA, CA 91114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 5-32 PASADENA, CA 91125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 5-32 PASADENA, CA 91125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 1325 GRANDVIEW AVENUE GLENDALE, CA 91201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NOR SEROUNT CULTURAL ASSOC INC 1807 W GLENOAKS BLVD 202 GLENDALE, CA 91201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERBERT HOOVER HIGH 651 GLENWOOD ROAD GLENDALE, CA 91202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
HERBERT HOOVER HIGH 651 GLENWOOD ROAD GLENDALE, CA 91202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
HERBERT HOOVER HIGH 651 GLENWOOD ROAD GLENDALE, CA 91202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARK MUSICAL SOCIETY INC 543 ARDEN AVE GLENDALE, CA 91203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,077
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,667
MARCH OF DIMES INC 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
MARCH OF DIMES INC 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	862
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,796
ARMENIAN AUTISM OUTREACH PROJECT 320 ARDEN AVENUE 240 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,744
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
ASCENCIA1851 TYBURN STREET GLENDALE, CA 91204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYALGIC ENCEPHALOMYELITIS ACTION NE 3900 SAN FERNANDO RD UNIT 1010 LOS ANGELES, CA 91204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JOHN MUIR FOUNDATION 1206 S GLENDALE AVE NUM 363 GLENDALE, CA 91205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
ST MARY'S CHURCH ARMENIAN KINDERGAR 1200 CARLTON DR GLENDALE, CA 91205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,640
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA HOUSING CONSORTIUM 30141 AGOURA ROAD SUITE 106 AGOURA HILLS, CA 91301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OPEN MEDICINE FOUNDATION 29302 LARO DRIVE AGOURA HILLS, CA 91301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
WESTLAKE AGOURA GIRLS SOFTBALL ASSO 5739 KANAN RD 127 AGOURA, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	292
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
WESTLAKE AGOURA GIRLS SOFTBALL ASSO 5739 KANAN RD 127 AGOURA, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
AGOURA HIGH SCHOOL PARENT-FACULTY C 28545 W DRIVER AVE AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AGOURA HIGH SCHOOL PARENT-FACULTY C 28545 W DRIVER AVE AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AGOURA HIGH SCHOOL PARENT-FACULTY C 28545 W DRIVER AVE AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YERBA BUENA ELEMENTARY 6098 REYES ADOBE RD AGOURA HILLS, CA 91301	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	429
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VIRGENES UNIFIED 28545 W DRIVER AVENUE AGOURA, CA 91301	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
LAS VIRGENES UNIFIED 28545 W DRIVER AVENUE AGOURA, CA 91301	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	125
T H E FOUNDATION FOR LAS VIRGENES S 4111 N LAS VIRGENES RD CALABASAS, CA 91302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT-FACULTY CLUB OF CHAPARRAL SC 22601 LIBERTYBELL ROAD CALABASAS, CA 91302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALABASAS HIGH 22855 MULHOLLAND HWY CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CHAPARRAL ELEMENTARY 22601 LIBERTY BELL RD CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHUR E WRIGHT MIDDLE 4029 N LAS VIRGENES CYN RD CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
CALABASAS HIGH 22855 MULHOLLAND HWY CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
CALABASAS HIGH 22855 MULHOLLAND HWY CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPARRAL ELEMENTARY 22601 LIBERTY BELL RD CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CALABASAS HIGH 22855 MULHOLLAND HWY CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
PET ADOPTION FUND 7515 DEERING AVENUE CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF LOS ANGELES 21600 HART ST CANOGA PARK, CA 91303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
WEST HILLS ANIMAL HOSPITAL ANGEL FU 6402 PLATT AVENUE WEST HILLS, CA 91307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
WEST HILLS ANIMAL HOSPITAL ANGEL FU 6402 PLATT AVENUE WEST HILLS, CA 91307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTHILLS BASEBALL INC PO BOX 4702 WEST HILLS, CA 91308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WESTHILLS BASEBALL INC PO BOX 4702 WEST HILLS, CA 91308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHAMINADE COLLEGE PREPARATORY 10210 OAKDALE AVENUE CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE COLLEGE PREPARATORY 10210 OAKDALE AVENUE CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
CHAMINADE COLLEGE PREPARATORY 10210 OAKDALE AVENUE CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CHAMINADE COLLEGE PREPARATORY 10210 OAKDALE AVENUE CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC 21100 LASSEN STREET CHATSWORTH, CA 91311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GERMAIN ACADEMY FOR ACADEMIC ACHIEV 20730 GERMAIN ST CHATSWORTH, CA 91311	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
LARGER THAN LIFE - LA FAMILY 18034 VENTURA BLVD 257 ENCINO, CA 91316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	460
LARGER THAN LIFE - LA FAMILY 18034 VENTURA BLVD 257 ENCINO, CA 91316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY DISCOVERY CENTER 107 N REINO RD 150 NEWBURY PARK, CA 91320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VENTURA COUNTY DISCOVERY CENTER 107 N REINO RD 150 NEWBURY PARK, CA 91320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HAMSADHWANI CARNATIC MUSIC ACADEMY 5222 VIA PISA NEWBURY PARK, CA 91320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,216
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY DISCOVERY CENTER 107 N REINO RD 150 NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VENTURA COUNTY DISCOVERY CENTER 107 N REINO RD 150 NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN OAK COMMUNITY 25201 VIA PRINCESSA SANTA CLARITA, CA 91321	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	195
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN OAK COMMUNITY 25201 VIA PRINCESSA SANTA CLARITA, CA 91321	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO ROAD PACOIMA, CA 91331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,825
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO ROAD PACOIMA, CA 91331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO ROAD PACOIMA, CA 91331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FIRST UNITED METHODIST CHURCH OF SA 1525 GLENOAKS BLVD SAN FERNANDO, CA 91340	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE WAYSTATION INC 14831 LITTLE TUJUNGA CANYON ROAD SYLMAR, CA 91342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DISCOVERY SCIENCE CENTER OF LOS ANG 11800 FOOTHILL BLVD LOS ANGELES, CA 91342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
VALLEY CHARTER SCHOOL 16514 NORDHOFF STREET NORTH HILLS, CA 91343	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE OF THE VALLEY RESCUE MISSION PO BOX 7609 MISSION HILLS, CA 91346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE TEEN PROJECT INC 8140 SUNLAND BOULEVARD SUN VALLEY, CA 91352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
POLICE UNITY TOUR INC 23890 COPPER HILL DRIVE 170 VALENCIA, CA 91354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA INSTITUTE OF THE ARTS 24700 MCBEAN PARKWAY VALENCIA CA 91355 VALENCIA, CA 91355	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
NORTH PARK ELEMENTARY 23335 WEST SUNSET HILLS DR VALENCIA, CA 91355	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	45
CANYON HIGH28009 SMYTH DRIVE VALENCIA, CA 91355	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH PARK ELEMENTARY 23335 WEST SUNSET HILLS DR VALENCIA, CA 91355	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,575
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL HIGH SCHOOL ALUMNI ASSOCIAT 18335 RANCHO STREET TARZANA, CA 91356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MANNA CONEJO VALLEY FOOD DISTRIBUTI PO BOX 1114 THOUSAND OAKS, CA 91358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 4914 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO OAKS SYMPHONY INC PO BOX 4502 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
CONEJO OAKS SYMPHONY INC PO BOX 4502 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 4914 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES CHARTER SCHOOL 1335 CALLE BOUGANVILLA THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN ROAD 4400 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
REDWOOD VIKING BAND INC 233 W GAINSBOROUGH THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	295
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 EAST THOUSAND OAKS BLVD SUITE 187 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4031 NORTH MOORPARK ROAD THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 EAST THOUSAND OAKS BLVD SUITE 187 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,350
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 EAST THOUSAND OAKS BLVD SUITE 187 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCER BOOSTER CLUB 3859 VIA VERDE THOUSAND OAKS, CA 91360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LADERA ELEMENTARY 1211 CALLE ALMENDRO THOUSAND OAKS, CA 91360	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
THOUSAND OAKS HIGH 2323 N MOORPARK ROAD THOUSAND OAKS, CA 91360	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTENNIAL GUILD OF CHILDRENS HOSPI 1014 S WESTLAKE BOULEVARD SUITE 14-149 WESTLAKE VILLAGE, CA 91361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PARENT-FACULTY CLUB OF WHITE OAK SC 31761 W VILLAGE SCH RD WESTLAKE VILLAGE, CA 91361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
AMATEUR ATHLETIC UNION OF THE UNITE 2921 WOODFLOWER STREET THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER4SPECIALNEEDS 1337 E THOUSAND OAKS BL 202 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CENTER4SPECIALNEEDS 1337 E THOUSAND OAKS BL 202 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RAISINGHOPE INC 1772-J E AVENIDA DE LOS ARBOLES STE 204 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	628
YOUNG MENS CHRISTIAN ASSOCIATION OF 31225 LA BAYA DRIVE 106 WESTLAKE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 31225 LA BAYA DRIVE 106 WESTLAKE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
YOUNG MENS CHRISTIAN ASSOCIATION OF 31225 LA BAYA DRIVE 106 WESTLAKE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER4SPECIALNEEDS 1337 E THOUSAND OAKS BL 202 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,266
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CENTER4SPECIALNEEDS 1337 E THOUSAND OAKS BL 202 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THOUSAND OAKS ALLIANCE FOR THE ARTS 2100 THOUSAND OAKS BLVD THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEADOWS ARTS AND TECHNOLOGY ELEMENT 2000 LA GRANADA DR THOUSAND OAKS, CA 91362	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
WESTLAKE HIGH 100 N LAKEVIEW CANYON BOULEVARD WESTLAKE VILLAGE, CA 91362	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO VALLEY UNIFIED 2480 WHITECHAPEL PL THOUSAND OAKS, CA 91362	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	360
CONEJO VALLEY UNIFIED 2480 WHITECHAPEL PL THOUSAND OAKS, CA 91362	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	360
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD STE 240 WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MEL SCHOOL20874 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALABASAS HIGH SCHOOL COYOTE BOOSTE PO BOX 8974 CALABASAS, CA 91372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
L I F E ANIMAL RESCUEPO BOX 1431 AGOURA HILLS, CA 91376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FENDER MUSIC FOUNDATION PO BOX 67 AGOURA HILLS, CA 91376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION FOR OAK PARK 899 KANAN ROAD ATTN ZACH BORQUEZ OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
COMMUNITY FOUNDATION FOR OAK PARK 899 KANAN ROAD ATTN ZACH BORQUEZ OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR OAK PARK 899 KANAN ROAD ATTN ZACH BORQUEZ OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	352
LOS ANGELES YOUTH ORCHESTRA 5160 VAN NUYS BLVD 274 SHERMAN OAKS, CA 91403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES YOUTH ORCHESTRA 5160 VAN NUYS BLVD 274 SHERMAN OAKS, CA 91403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 17445 CANTLAY ST VAN NUYS, CA 91406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS RIVERSIDE DRIVE CHARTER SCHOOL 17445 CANTLAY STREET VAN NUYS, CA 91406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUITE 1000 ENCINO, CA 91436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,347
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUITE 1000 ENCINO, CA 91436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUITE 1000 ENCINO, CA 91436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
WATER BUFFALO CLUB INC 16060 VENTURA BLVD ENCINO, CA 91436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER BUFFALO CLUB INC 16060 VENTURA BLVD ENCINO, CA 91436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WATER BUFFALO CLUB INC 16060 VENTURA BLVD ENCINO, CA 91436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
ENGAGE INC 240 E VERDUGO AVENUE SUITE 100 BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE 2 LIGHT FOUNDATION 2908 N KENNETH RD BURBANK, CA 91504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EDUCATION THROUGH MUSIC INC 2501 WEST BURBANK BLVD SUITE 305 BURBANK, CA 91505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL SCHOOL OF LOS ANGELES 1105 W RIVERSIDE DR BURBANK, CA 91506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL SCHOOL OF LOS ANGELES 1105 W RIVERSIDE DR BURBANK, CA 91506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
FOUNDATION FOR WOMEN WARRIORS 5062 LANKERSHIM BLVD 3013 NORTH HOLLYWOOD, CA 91601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
QUEENS BEST STUMPY DOG RESCUE 4821 LANKERSHIM BLVD STE F 372 N HOLLYWOOD, CA 91601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FORWARD INC 7412 FULTON AVE 3 NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEAVEN ON EARTH SOCIETY FOR ANIMALS 7342 FULTON AVENUE NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BOULEVARD NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BOULEVARD NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BOULEVARD NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAMPBELL HALL -EPISCOPAL- 4533 LAUREL CANYON BLVD NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE SUITE 206 NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE HIGHLY GIFTED MAGNET PO BOX 4604 VALLEY VILLAGE, CA 91617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LITTLE LEAGUE BASEBALL INC PO BOX 8511 RANCHO CUCAMONGA, CA 91701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 400 SOUTH IRWINDALE AVENUE AZUSA, CA 91702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SAINT CYRIL OF ALEXANDRIA COPTIC OR PO BOX 2146 IRWINDALE, CA 91706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,570
SIERRA VISTA HIGH3600 FRAZIER ST BALDWIN PARK, CA 91706	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 861 CHINO, CA 91708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 861 CHINO, CA 91708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITZER COLLEGE OFFICE OF COLLEGE ADVANCEMENT 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
HARVEY MUDD COLLEGE 301 PLATT BLVD CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
PITZER COLLEGE OFFICE OF COLLEGE ADVANCEMENT 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCRIPPS COLLEGE 1030 COLUMBIA AVENUE 2009 CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
INLAND VALLEY DOWN SYNDROME ASSOCIA PO BOX 962 CLAREMONT, CA 91711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
CENTER FOR EDUCATIONAL LEADERSHIP 310 N INDIAN HILL 257 CLAREMONT, CA 91711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LATINA BUSINESS WOMEN ASSO 9551 PITTSBURGH AVE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEIGHBORHOOD PARTNERSHIP HOUSING SE 9551 PITTSBURGH AVENUE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RANCHO CUCAMONGA COMMUNITY & ARTS F 12505 CULTURAL CENTER DRIVE RANCHO CUCAMONGA, CA 91739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENDORA EDUCATION FOUNDATION 146 N GLENDORA AVE STE 201 GLENDORA, CA 91741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SELLERS ELEMENTARY 500 N LORAINE AVE GLENDORA, CA 91741	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
JOHN A ROWLAND HIGH 2000 OTTERBEIN AVE ROWLAND HEIGHTS, CA 91748	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF WEST SAN GABRI 328 SOUTH RAMONA AVENUE MONTEREY PARK, CA 91754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AUSTRALIAN SHEPHERDS FUREVER CORPOR 2512 PINECONE WAY ONTARIO, CA 91761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AUSTRALIAN SHEPHERDS FUREVER CORPOR 2512 PINECONE WAY ONTARIO, CA 91761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ORANGE 8880 BENSON AVENUE SUITE 112 MONTCLAIR, CA 91763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPARC9029 VERNON AVE MONTCLAIR, CA 91763	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SICKLE CELL DISEASE FOUNDATION OF C 3602 INLAND EMPIRE BLVD ST B140 ONTARIO, CA 91764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORD USA2569 WAGON TRAIN LANE DIAMOND BARD, CA 91765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
CORD USA2569 WAGON TRAIN LANE DIAMOND BARD, CA 91765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PANTERA ELEMENTARY 801 PANTERA DR DIAMOND BAR, CA 91765	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 2118 N ORANGE GROVE AVENUE POMONA, CA 91767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ASSOCIATED STUDENTS INC CALIF STATE 3801 W TEMPLE AVE BLDG 1-211 POMONA, CA 91768	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
HELPING HANDS CARING HEARTS MINISTR PO BOX 167 POMONA, CA 91769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL POLY POMONA FOUNDATION INC PO BOX 3121 POMONA, CA 91769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
CAL POLY POMONA FOUNDATION INC PO BOX 3121 POMONA, CA 91769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CAL POLY POMONA FOUNDATION INC PO BOX 3121 POMONA, CA 91769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN GABRIEL EDUCATIONAL FOUNDATION PO BOX 1175 SAN GABRIEL, CA 91778	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CLAREMONT INST FOR THE STUDY OF STA 1317 WEST FOOTHILL BLVD STE 120 UPLAND, CA 91786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LOHANA COMMUNITY INCPO BOX 367 WALNUT, CA 91789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH SOCCER ORGANIZATION 20687-2 AMAR ROAD 811 WALNUT, CA 91789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARENT BOOSTER USA INC 1438 E MCWOOD ST WEST COVINA, CA 91791	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARENT BOOSTER USA INC 1438 E MCWOOD ST WEST COVINA, CA 91791	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA ADVISORY COM ON A 1355 THIRD AVENUE CHULA VISTA, CA 91911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
YMCA OF SAN DIEGO COUNTY 8881 DALLAS STREET LA MESA, CA 91942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH UNLIMITED GOSPEL OUTREACH 340 W 26TH ST SUITE K NATIONAL CITY, CA 91950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST PATRICK CATHOLIC SCHOOL 3820 PIO PICO CARLSBAD, CA 92008	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
LA COSTA CANYON HIGH SCHOOL FOUNDAT ONE MAVERICK WAY CARLSBAD, CA 92009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARLSBAD EDUCATIONAL FOUNDATION 5631 PALMER WAY SUITE L CARLSBAD, CA 92010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CARLSBAD EDUCATIONAL FOUNDATION 5631 PALMER WAY SUITE L CARLSBAD, CA 92010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRESH START SURGICAL GIFTS 2011 PALOMAR AIRPORT ROAD CARLSBAD, CA 92011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGUITO SURF SOCCER CLUB 2683 VIA DE LA VALLE SURE G425 DEL MAR, CA 92014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
EAST COUNTY ECONOMIC DEVELOPMENT CO 127 EAST LEXINGTON AVENUE EL CAJON, CA 92020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOS ANGELITOS DE ENCINITAS PO BOX 232682 LEUCADIA, CA 92023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELITOS DE ENCINITAS PO BOX 232682 LEUCADIA, CA 92023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YMCA OF SAN DIEGO COUNTY 200 SAXONY RD ENCINITAS, CA 92024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF SAN DIEGO COUNTY 200 SAXONY RD ENCINITAS, CA 92024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIEGUENO MIDDLE 2150 VILLAGE PARK WAY ENCINITAS, CA 92024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
DIEGUENO MIDDLE 710 ENCINITAS BLVD ENCINITAS, CA 92024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
THE ELIZABETH HOSPICE INC 500 LA TERRAZA BLVD 130 ESCONDIDO, CA 92025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHYSICIAN ADVOCATES FOR VETERANS 649 WEST MISSION AVENUE SUITE 9 ESCONDIDO, CA 92025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
PHYSICIAN ADVOCATES FOR VETERANS 649 WEST MISSION AVENUE SUITE 9 ESCONDIDO, CA 92025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BISHOP SCHOOL7607 LA JOLLA BLVD LA JOLLA, CA 92037	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LA JOLLA ELEMENTARY INC 1111 MARINE STREET LA JOLLA, CA 92037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 9404 GENESEE AVENUE SUITE 325 SAN DIEGO, CA 92037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
YMCA OF SAN DIEGO COUNTY 8355 CLIFFRIDGE AVENUE LA JOLLA, CA 92037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 8355 CLIFFRIDGE AVENUE LA JOLLA, CA 92037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SCRIPPS HEALTH 9888 GENESEE AVENUE LA JOLLA, CA 92037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUIRLANDS FOUNDATION INC 1056 NAUTILUS STREET LA JOLLA, CA 92037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE & ARTS FOUNDATION OF SAN DI 2910 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
MAYAN FAMILIESPO BOX 710400 SANTEE, CA 92072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MAYAN FAMILIESPO BOX 710400 SANTEE, CA 92072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STEP HOUSEPO BOX 1272 VISTA, CA 92085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SALVATION ARMY NATIONAL CORP 2320 FIFTH AVENUE SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
NATIONAL CONFLICT RESOLUTION CENTER 530 B ST SUITE 1700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVE SUITE 402 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVENUE SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE CLEARITY FOUNDATION 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVE SUITE 402 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SAN DIEGO REGIONAL ECONOMIC DEVELOP 530 B STREET SUITE 700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NATIONAL CONFLICT RESOLUTION CENTER 530 B ST SUITE 1700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVE SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MIDWAY FOUNDATION INC 920 N HARBOR DR SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVENUE SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEARITY FOUNDATION 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE CLEARITY FOUNDATION 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE CLEARITY FOUNDATION 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CONFLICT RESOLUTION CENTER 530 B ST SUITE 1700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVE SUITE 402 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
CLEANTECH EDUCATION FOUNDATION 2159 INDIA STREET SUITE 200 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN SAN DIEGO PARTNERSHIP FOUN 401 B STREET SUITE 100 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVE SUITE 402 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVE SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CONFLICT RESOLUTION CENTER 530 B ST SUITE 1700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVE SUITE 402 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
YWCA OF SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF SAN DIEGO 3030 MARKET ST SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CORPORATION FOR SUPPORTIVE HOUSING 328 MAPLE STREET SAN DIEGO, CA 92103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO HOUSING FEDERATION 3939 IOWA STREET SAN DIEGO, CA 92104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
ST AUGUSTINE HIGH SCHOOL 3266 NUTMEG STREET SAN DIEGO, CA 92104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
ST AUGUSTINE HIGH SCHOOL 3266 NUTMEG STREET SAN DIEGO, CA 92104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 4300 EL CAJON BLVD SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
STEPPING STONE OF SAN DIEGO 3767 CENTRAL AVE SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 5348 UNIVERSITY AVE SUITE 205 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
REALITY CHANGERS 3910 UNIVERSITY AVENUE SUITE 300-RC SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
SAN DIEGO WORKFORCE PARTNERSHIP INC 3910 UNIVERSITY AVENUE 4TH FLOOR SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO WORKFORCE PARTNERSHIP INC 3910 UNIVERSITY AVENUE 4TH FLOOR SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN LEAGUE OF SAN DIEGO COUNTY 4305 UNIVERSITY AVENUE SUITE 360 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LOCAL INITIATIVES SUPPORT CORPORATI 4305 UNIVERSITY AVENUE STE 420 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 4305 UNIVERSITY AVE SUITE 420 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LOCAL INITIATIVES SUPPORT CORPORATI 4305 UNIVERSITY AVE SUITE 420 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LOCAL INITIATIVES SUPPORT CORPORATI 4305 UNIVERSITY AVENUE STE 420 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD SUITE 200 SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD SUITE 200 SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RACHELS CHALLENGE 4980 N HARBOR DRIVE SUITE 204 SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC ARTS MOVEMENT 2508 HISTORIC DECATUR ROAD 140 SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
NEW AMERICANS MUSEUM INC 2825 DEWEY ROAD STE 102 SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NTC FOUNDATION 2820 ROOSEVELT ROAD SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 5333 MISSION CENTER RD 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,351
AMERICAN CANCER SOCIETY 5333 MISSION CENTER RD 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	378
MAKE-A WISH FOUNDATION OF SAN DIEGO 2440 HOTEL CIRCLE NORTH 200 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO MANA 2515 CAMINO DEL RIO SOUTH 228 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY 5333 MISSION CENTER RD 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
MAKE-A WISH FOUNDATION OF SAN DIEGO 2440 HOTEL CIRCLE NORTH 200 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MAKE-A WISH FOUNDATION OF SAN DIEGO 2440 HOTEL CIRCLE NORTH 200 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAN DIEGO MANA 2515 CAMINO DEL RIO SOUTH 228 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A WISH FOUNDATION OF SAN DIEGO 2440 HOTEL CIRCLE NORTH 200 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PLANNED PARENTHOOD OF THE PACIFIC S 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABRADORS AND FRIENDS DOG RESCUE GR 2307 FENTON PARKWAY 107-160 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST SAN DIEGO, CA 92110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
YMCA OF SAN DIEGO COUNTY 5505 FRIARS RD SAN DIEGO, CA 92110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF SAN DIEGO COUNTY 5505 FRIARS RD SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 5505 FRIARS RD SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
YMCA OF SAN DIEGO COUNTY 5505 FRIARS RD SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OLD TOWN ACADEMY K-8 CHARTER 2120 SAN DIEGO AVE SAN DIEGO, CA 92110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN BUSINESS ASSOCIATION FOUNDATI 7675 DAGGET STREET SUITE 340 SAN DIEGO, CA 92111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 8128 MERCURY COURT SAN DIEGO, CA 92111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAN DIEGO MUSEUM OF ART PO BOX 122107 SAN DIEGO, CA 92112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BARRIO LOGAN COLLEGE INSTITUTE 1625 NEWTON AVENUE SUITE 200 SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
WORKSHOPS FOR WARRIORS INC 2970 MAIN STREET SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
KITCHENS FOR GOOD404 EUCLID AVE SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION SAN DIEGO 404 EUCLID AVENUE STE 271 SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ACCION SAN DIEGO 404 EUCLID AVENUE STE 271 SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
SOUTHERN CALIFORNIA GERMAN SHEPHERD 6161 EL CAJON BLVD 460 SAN DIEGO, CA 92115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,390
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BIOCOM INSTITUTE 10996 TORREYANA RD SUITE 200 SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECT FOUNDATION 4790 EASTGATE MALL SUITE 125 SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN LIVER FOUNDATION 5230 CARROLL CANYON RD SUITE 108 SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 10455 SORRENTO VALLEY ROAD STE 103 SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SCRIPPS HEALTH 4275 CAMPUS POINT COURT CP217 SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 10455 SORRENTO VALLEY ROAD STE 103 SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPERATION HOMEFRONT INC 8318 MIRAMAR MALL SAN DIEGO, CA 92121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FOUNDATION 7770 REGENTS RD 113-233 SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,043
AMERICAN DIABETES ASSOCIATION INC 5060 SHOREHAM PL SUITE 100 SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FRIENDS OF THE ISRAEL DEFENSE FORCE 6165 GREENWICH DR SUITE 120 SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTURION ALUMNI FOUNDATION OF UNIV 6949 GENESEE AVENUE SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE ISRAEL DEFENSE FORCE 6165 GREENWICH DR SUITE 120 SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA SUITE 101 SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL VETERANS TRANSITION SERVIC 9242 LIGHTWAVE AVE SUITE 120 SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD SUITE 320 SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ROSIE NETWORK INC 9242 LIGHTWAVE AVE 120 SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	533
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	323
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	454
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DEENABANDHU FRIENDS OF THE POOR INC 12268 DARKWOOD ROAD SAN DIEGO, CA 92129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DEL MAR SCHOOLS EDUCATION FOUNDATIO 11444 CANTER HEIGHTS DR SAN DIEGO, CA 92130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEL MAR SCHOOLS EDUCATION FOUNDATIO 11444 CANTER HEIGHTS DR SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CANYON CREST ACADEMY FOUNDATION INC 5951 VILLAGE CENTER LOOP ROAD SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 10755-F SCRIPPS POWAY PARKWAY 453 SAN DIEGO, CA 92131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 10089 WILLOW CREEK ROAD SUITE 250 SAN DIEGO, CA 92131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
NATIONAL MULTIPLE SCLEROSIS SOCIETY 10089 WILLOW CREEK ROAD SUITE 250 SAN DIEGO, CA 92131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 10089 WILLOW CREEK ROAD SUITE 250 SAN DIEGO, CA 92131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORT THE ENLISTED PROJECT INC 9951 BUSINESSPARK AVE SUITE A SAN DIEGO, CA 92131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
E B SCRIPPS ELEMENTARY SCHOOL ACADE 11778 CYPRESS CANYON RD SAN DIEGO, CA 92131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 10089 WILLOW CREEK ROAD SUITE 250 SAN DIEGO, CA 92131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN CORPS OF SAN DIEGO PO BOX 80156 SAN DIEGO, CA 92138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINEST CITY PERFORMING ARTS INC PO BOX 33825 SAN DIEGO CA 92163 SAN DIEGO, CA 92163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
SAN DIEGO GENEALOGICAL SOCIETY PO BOX 635057 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO GENEALOGICAL SOCIETY PO BOX 635057 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CENTER FOR HOPE AND STRENGTH INC PO BOX 6790 SAN DIEGO, CA 92166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
SAN DIEGO STATE UNIVERSITY FOUNDATI 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	662
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
SUPPORT THE ENLISTED PROJECT INC PO BOX 26747 SAN DIEGO, CA 92196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD IN NEED OF DISTRIBUTION INC P O BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUB OF COACHELLA VALL 42-600 COOK STREET SUITE 120 PALM DESERT, CA 92211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL VIEW INC 67625 E PALM CANYON DRIVE SUITE 7A CATHEDRAL CITY, CA 92234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
CALIFORNIA CONGRESS OF PARENTSTEACH 67700 VERONA RD CATHEDRAL CITY, CA 92234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
CALIFORNIA CONGRESS OF PARENTSTEACH 67700 VERONA RD CATHEDRAL CITY, CA 92234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPERIAL VALLEY FOOD BANK 329 APPLESTILL ROAD EL CENTRO, CA 92243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WINGS OF RESCUE INCPO BOX 6045 LA QUINTA, CA 92248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	329
VALLEY CRIME STOPPERSPO BOX 6690 LA QUINTA, CA 92248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY YMCA OF THE DESERT 43-930 SAN PABLO AVENUE PALM DESERT, CA 92260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF THE CULTURAL CENTER INC 73000 FRED WARING DRIVE PALM DESERT, CA 92260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
FRIENDS OF THE CULTURAL CENTER INC 73000 FRED WARING DRIVE PALM DESERT, CA 92260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LGBT COMMUNITY CENTER OF THE DE 1301 N PALM CANYON DR PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JEWISH FAMILY SERVICE OF THE DESERT 490 SOUTH FARRELL DRIVE SUITE C 208 PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COACHELLA VALLEY ECONOMIC PARTNERSH 3111 EAST TAHQUITZ CANYON WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PALM SPRINGS INTERNATIONAL FILM SOC 1700 E TAHQUITZ CANYON WAY STE 3 PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OPERA GUILD OF THE DESERT 2150 E TAHQUITZ CANYON STE 6 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE LGBT SANCTUARY PALM SPRINGS INC 555 S SUNRISE WAY SUITE 203B PALM SPRINGS, CA 92264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LGBT SANCTUARY PALM SPRINGS INC 555 S SUNRISE WAY SUITE 203B PALM SPRINGS, CA 92264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
THE BARBARA SINATRA CHILDRENS CENTE 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED CEREBRAL PALSY OF THE INLAND 70017 HIGHWAY 111 SUITE 5 RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF THE INLAND 70017 HIGHWAY 111 SUITE 5 RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DESERT MANNA201 N FIRST AVE STE B BARSTOW, CA 92311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMPAC TRI-STATE CDC INC 22365 BARTON RD STE 304 GRAND TERRACE, CA 92313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 11365 ANDERSON ST LOMA LINDA, CA 92345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ON DECK CREW SOFTBALL BOOSTERS INC P O BOX 1623 HIGHLAND, CA 92346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF GREATER REDLA 1251 CLAY STREET REDLANDS, CA 92374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER REDLA 1251 CLAY STREET REDLANDS, CA 92374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY SERVICE ASSOCIATION OF REDLA 612 LAWTON STREET REDLANDS, CA 92374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICAPO BOX 8910 REDLANDS, CA 92375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ADVOCATES OF SAN BERNARDINO C PO BOX 519 RIALTO, CA 92377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PTA CALIFORNIA CONGRESS OF PARENTS 2750 N RIVERSIDE AVE RIALTO, CA 92377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAMILY ASSISTANCE PROGRAM 15075 7TH STREET VICTORVILLE, CA 92395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAFTON HILLS COLLEGE FOUNDATION 11711 SAND CANYON ROAD YUCAIPA, CA 92399	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
ARROWHEAD UNITED WAY 646 NORTH D STREET SAN BERNARDINO, CA 92401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
ARROWHEAD UNITED WAY 646 NORTH D STREET SAN BERNARDINO, CA 92401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES 1450 NORTH D STREET SAN BERNARDINO, CA 92405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TIME FOR CHANGE FOUNDATION PO BOX 25040 SAN BERNARDINO, CA 92406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHILDRENS FUND INCORPORATED 348 W HOSPITALITY LANE SUITE 110 SAN BERNARDINO, CA 92408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG VISIONARIES YOUTH LEADERSHIP 626 S TIPPECANOE AVE SAN BERNARDINO, CA 92408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YOUTH ACTION PROJECT 696 S TIPPECANOE AVE SAN BERNARDINO, CA 92408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
YOUTH ACTION PROJECT 696 S TIPPECANOE AVE SAN BERNARDINO, CA 92408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF TH 1845 BUSINESS CENTER DRIVE SUITE 120 SAN BERNARDINO, CA 92408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GOODWILL INDUSTRIES OF SOUTHERN CAL 8120 PALM LANE SAN BERNARDINO, CA 92410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GOODWILL INDUSTRIES OF SOUTHERN CAL 8120 PALM LANE SAN BERNARDINO, CA 92410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 13129 SAN BERNARDINO, CA 92423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOX RIVERSIDE THEATER FOUNDATION 3801 MISSION INN AVE RIVERSIDE, CA 92501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SHELTER PROVIDERS OF RIVERSIDE INC 3891 11TH STREET RIVERSIDE, CA 92501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEAID AMERICA INC3891 11TH ST RIVERSIDE, CA 92501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17,500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	528
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATH OF LIFE MINISTRIESPO BOX 1445 RIVERSIDE, CA 92502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
OPERATION SAFE HOUSE INC 9685 HAYES STREET RIVERSIDE, CA 92503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VOICES FOR CHILDREN 5515 ARLINGTON AVENUE RIVERSIDE, CA 92504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA RIVERSIDE AND SAN B 2950 JEFFERSON STREET STE-A RIVERSIDE, CA 92504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN CANCER SOCIETY INC 6355 RIVERSIDE AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
AMERICAN CANCER SOCIETY INC 6355 RIVERSIDE AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE COMMUNITY COLLEGE DISTRIC 4800 MAGNOLIA AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
AMERICAN CANCER SOCIETY INC 6355 RIVERSIDE AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
REBIRTH HOMESPO BOX 2291 RIVERSIDE, CA 92506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE MEALS ON WHEELS INC 4845 BROCKTON AVENUE RIVERSIDE, CA 92506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVE STE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVE STE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY CONNECT 2060 UNIVERSITY AVENUE SUITE 212 RIVERSIDE, CA 92507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RIVERSIDE UPTOWN KIWANIS CHARITIES PO BOX 20394 RIVERSIDE, CA 92516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RAINCROSS BOXING ACADEMY PO BOX 52353 RIVERSIDE, CA 92517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES VETERANS INITIATIVE 15105 SIXTH ST MARCH AIR FORCE BASE CALIF 92518 MARCH AIR RESERVE BASE, CA 92518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SAFE ALTERNATIVES FOR EVERYONE INC 28910 PUJOL STREET TEMECULA, CA 92590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 27475 YNEZ ROAD 390 TEMECULA, CA 92591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF ORANGE C ONE FEDERATION WAY SUITE 200 IRVINE, CA 92603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	786
JEWISH COMMUNITY CENTER OF ORANGE C ONE FEDERATION WAY SUITE 200 IRVINE, CA 92603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY CENTER OF ORANGE C ONE FEDERATION WAY SUITE 200 IRVINE, CA 92603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 2222 MARTIN STREET SUITE 270 IRVINE, CA 92612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE FORWARD 2050 MAIN STREET STE 1100 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVELOPMENTS IN LITERACY INC 17320 RED HILL AVE STE 120 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKING WARDROBES FOR A NEW START 1851 KETTERING ST IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
DOWN SYNDROME FOUNDATION OF ORANGE 18023 SKY PARK CIRCLE SUITE F IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
ARTS ORANGE COUNTY 17620 FITCH STE 255 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEDY COMMISSION 17701 COWAN AVENUE SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 2817 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	604
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2817 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	608
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL ORANG 17701 COWAN STE 110 IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF CENTRAL ORANG 17701 COWAN STE 110 IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18,000
MY GOOD DEED 5151 CALIFORNIA AVENUE SUITE 100 IRVINE, CA 92617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FAMILIES FORWARD8 THOMAS IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISPANIC CHAMBER OF COMMERCE OF ORA 1 BANTING SUITE A IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART-A-FAIR FOUNDATION 10005 MUIRLANDS BLVD STE O IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
IRVINE PUBLIC SCHOOLS FOUNDATION 1 POST STE 250 IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH COUNTY OUTREACH 7 WHATNEY SUITE B IRVINE, CA 92618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
PORTOLA HIGH1001 CADENCE IRVINE, CA 92618	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
PB&J FOODS INC5450 TRABUCO ROAD IRVINE, CA 92620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOCE-TV FOUNDATION 3080 BRISTOL STREET SUITE 400 COSTA MESA, CA 92626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
MISSION VIEJO PATEADORES INC 151 KALMUS DRIVE STE F-5 COSTA MESA, CA 92626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
THE A21 CAMPAIGN INC 1904 HARBOR BLVD 831 COSTA MESA, CA 92627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF ORANGE COUNTY 1815 ANAHEIM AVENUE COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR ACHIEVEMENT OF SOUTHERN CA 301 E 17TH STREET COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,420
JUNIOR ACHIEVEMENT OF SOUTHERN CA 301 E 17TH STREET COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 301 E 17TH STREET COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
THE A21 CAMPAIGN INC 1904 HARBOR BLVD 831 COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE A21 CAMPAIGN INC 1904 HARBOR BLVD 831 COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 24331 MUIRLANDS BLVD D4 346 LAKE FOREST, CA 92630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
POP WARNER LITTLE SCHOLARS INC 24331 MUIRLANDS BLVD D4 346 LAKE FOREST, CA 92630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC 24331 MUIRLANDS BLVD D4 346 LAKE FOREST, CA 92630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRETHREN CHRISTIAN JUNIOR AND SENIO 21141 STRATHMOOR LANE HUNTINGTON BEACH, CA 92646	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
COAST GUARD AUXILIARY ASSOCIATION I 15632 CONTAINER LN HUNTINGTON BEACH, CA 92649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HARBOUR VIEW ELEMENTARY 4343 PICKWICK CIR HUNTINGTON BEACH, CA 92649	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON ROAD LAGUNA BEACH, CA 92651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,026
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 25661 PASEO DE VALENCIA LAGUNA HILLS, CA 92653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
SAKYA CARE FOUNDATIONPO BOX 173 MIDWAY CITY, CA 92655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,900
SAKYA CARE FOUNDATIONPO BOX 173 MIDWAY CITY, CA 92655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR VIEW ELEMENTARY 8411 WORTHY DR MIDWAY CITY, CA 92655	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ALISO NIGUEL HIGH SCHOOL INSTRUMENT 26895 ALISO CREEK RD B-682 ALISO NIGUEL, CA 92656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALISO NIGUEL HIGH 28000 WOLVERINE WAY ALISO NIGUEL, CA 92656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD CANYON ELEMENTARY 23431 KNOLLWOOD ALISO VIEJO, CA 92656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
SAGE HILL SCHOOL 20402 NEWPORT COAST DRIVE NEWPORT COAST, CA 92657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
SAGE HILL SCHOOL 20402 NEWPORT COAST DRIVE NEWPORT COAST, CA 92657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CDM GIRLS WATER POLO FOUNDATION 24 SPANISH BAY DR NEWPORT BEACH, CA 92660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
THE CDM FOUNDATION 2549 EASTBLUFF DRIVE SUITE 483 NEWPORT BEACH, CA 92660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE CDM FOUNDATION 2549 EASTBLUFF DRIVE SUITE 483 NEWPORT BEACH, CA 92660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY QUEEN OF ANGELS CHURCH 2046 MAR VISTA DRIVE NEWPORT BEACH, CA 92660	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
NEWPORT HARBOR EDUCATIONAL FOUNDATI 600 IRVINE AVE NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J F SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
J F SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WAGON WHEEL ELEMENTARY 30912 BRIDLE PATH TRABUCO CANYON, CA 92679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSIE REES FOUNDATION PO BOX 80667 RCHO STA MARG, CA 92688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JESSIE REES FOUNDATION PO BOX 80667 RCHO STA MARG, CA 92688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
JESSIE REES FOUNDATION PO BOX 80667 RCHO STA MARG, CA 92688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSIE REES FOUNDATION PO BOX 80667 RCHO STA MARG, CA 92688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SERRA CATHOLIC SCHOOL 23652 ANTONIO PARKWAY RANCHO SANTA MARGARITA, CA 92688	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SERRA CATHOLIC SCHOOL 23652 ANTONIO PARKWAY RANCHO SANTA MARGARITA, CA 92688	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERRA CATHOLIC SCHOOL 23652 ANTONIO PARKWAY RANCHO SANTA MARGARITA, CA 92688	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,363
PATRICK BURKE FOUNDATION INC 26442 VERACRUZ LANE MISSION VIEJO, CA 92691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
YOUNG MENS CHRISTIAN ASSOCIATION OF 27341 TRABUCO CIRCLE MISSION VIEJO, CA 92692	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 27341 TRABUCO CIRCLE MISSION VIEJO, CA 92692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHAPARRAL ELEMENTARY 29001 SIENNA PKWY LADERA RANCH, CA 92694	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBELLS FOR BOOBS 1006 E CHESTNUT AVENUE SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BARBELLS FOR BOOBS 1006 E CHESTNUT AVENUE SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
LATINO CENTER FOR PREVENTION & ACTI 450 W 4TH STREET STE 130 SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBELLS FOR BOOBS 1006 E CHESTNUT AVENUE SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BARBELLS FOR BOOBS 1006 E CHESTNUT AVENUE SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
BARBELLS FOR BOOBS 1006 E CHESTNUT AVENUE SANTA ANA, CA 92701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSE LIVING CENTERS P O BOX 1905 SANTA ANA, CA 92702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ONEOC1901 E 4TH ST SANTA ANA, CA 92704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
ORANGE COUNTY MUSEUM OF ART 1661 W SUNFLOWER AVE A1 SANTA ANA, CA 92704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER AVENUE STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE SUITE 135 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE CREST 2130 E 4TH STREET STE 200 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 1940 E DEERE AVE STE 100 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN NATIONAL RED CROSS 601 N GOLDEN CIRCLE DRIVE SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER AVENUE STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER AVENUE STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OLIVE CREST 2130 E 4TH STREET STE 200 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR IRVINE COMMUNITY HEALTH 1505 E 17TH STREET SUITE 108 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
T H I N K TOGETHER 2101 EAST FOURTH STREET BLDG B SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
T H I N K TOGETHER 2101 EAST FOURTH STREET BLDG B SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE SUITE 135 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DISCOVERY SCIENCE CENTER OF ORANGE 2500 N MAIN STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER AVENUE STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DISCOVERY SCIENCE CENTER OF ORANGE 2500 N MAIN STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2200 RITCHEY STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE SUITE 135 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OLIVE CREST 2130 E 4TH STREET STE 200 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY COMMUNITY HOUSING COR 501 N GOLDEN CIRCLE DRIVE SUITE 200 SANTA ANA, CA 92705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ONEOC1901 E 4TH STREET SUITE 100 SANTA ANA, CA 92705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
VETERANS LEGAL INSTITUTE 2100 N BROADWAY SUITE 209 SANTA ANA, CA 92706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS LEGAL INSTITUTE 2100 N BROADWAY SUITE 209 SANTA ANA, CA 92706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VETERANS LEGAL INSTITUTE 2100 N BROADWAY SUITE 209 SANTA ANA, CA 92706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA SCOTTISH RITE FOUNDATION 2100 N BROADWAY SUITE 350 SANTA ANA, CA 92706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 581 SANDPOINTE AVE STE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LEBANESE SYRIAN ASSOC CHAR 581 SANDPOINTE AVE STE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LEBANESE SYRIAN ASSOC CHAR 581 SANDPOINTE AVE STE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 581 SANDPOINTE AVE STE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MATER DEI HIGH SCHOOL 1202 W EDINGER AVENUE SANTA ANA, CA 92707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF HUNTINGTON 16582 BROOKHURST STREET FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORDER OF THE COMPANY OF MARY OUR LA 16791 E MAIN STREET TUSTIN, CA 92780	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA POLICY CENTER 18002 IRVINE BLVD SUITE 108 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRIORITY LIVING INC 17291 IRVINE BOULEVARD - SUITE 345 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 13821 NEWPORT AVENUE SUITE 200 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
PRIORITY LIVING INC 17291 IRVINE BOULEVARD - SUITE 345 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TUSTIN PUBLIC SCHOOL FOUNDATION 150 EL CAMINO REAL STE 140 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIORITY LIVING INC 17291 IRVINE BOULEVARD - SUITE 345 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INLAND EMPIRE RESCUE MISSION INC 1 HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ORANGE COUNTY RESCUE MISSION INC ONE HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY RESCUE MISSION INC ONE HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SERVITE HIGH SCHOOL 1952 W LA PALMA AVE ANAHEIM, CA 92801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
SERVITE HIGH SCHOOL 1952 W LA PALMA AVE ANAHEIM, CA 92801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 240 S EUCLID ST ANAHEIM, CA 92802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COMPASSIONATE SERVICE SOCIETY 4824 E SANTANA CANYON RD ANAHEIM, CA 92807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BREA-OLINDA UNIFIED 150 N ASSOCIATED RD BREA, CA 92821	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF FULLERTON PO BOX 1283 FULLERTON, CA 92836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY ACTION PARTNERSHIP OF ORA 11870 MONARCH ST GARDEN GROVE, CA 92841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THOMAS HOUSE TEMPORARY SHELTER PO BOX 2737 GARDEN GROVE, CA 92842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA TERESA INCPO BOX 429 ORANGE, CA 92856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
CASA TERESA INCPO BOX 429 ORANGE, CA 92856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ORANGE COUNTY WALK TO REMEMBER INC PO BOX 421 ORANGE, CA 92856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORCO ROTARY FOUNDATION PO BOX 7065 NORCO, CA 92860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ANIMAL ALLIANCE RESCUE FOUNDATION S PO BOX 303 NORCO, CA 92860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY PROMISE OF ORANGE COUNTY INC PO BOX 6225 ORANGE, CA 92863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	29,000
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
OBRIA MEDICAL CLINICS OF SOUTHERN C 1215 E CHAPMAN AVE ORANGE, CA 92866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 770 THE CITY DRIVE SOUTH SUITE 7400 ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PROVIDENCE SPEECH & HEARING CENTER 1301 PROVIDENCE AVENUE ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,526
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 770 THE CITY DRIVE SOUTH SUITE 7400 ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,310
PROVIDENCE SPEECH & HEARING CENTER 1301 PROVIDENCE AVENUE ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLACENTIA-YORBA MEALS ON WHEELS 1130 YORBA LINDA BLVD PLACENTIA, CA 92870	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MUSEUM OF VENTURA COUNTY 100 E MAIN STREET VENTURA, CA 93001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
TEEN CHALLENGE OF SOUTHERN CALIFORN PO BOX 1064 VENTURA, CA 93002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CHALLENGE OF SOUTHERN CALIFORN PO BOX 1064 VENTURA, CA 93002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	226
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2580 E MAIN ST SUITE 201 VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANNEL ISLANDS YOUNG MENS CHRISTIA 3760 TELEGRAPH ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUND SCHOOL PARENT GROUP 455 S HILL ROAD VENTURA, CA 93003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ST AUGUSTINE ACADEMY INC 130 SOUTH WELLS ROAD VENTURA, CA 93004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
CHANNEL ISLANDS CHORAL ASSOCIATION 1564 LEXINGTON CT CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS BIG SISTERS OF VENTURA 4001 MISSION OAKS BLVD STE J CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CANCER HOPE FOUNDATION 568 CONSTITUTION AVE UNITS F G CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTST 3535 VILLAGE AT THE PARK DRIVE CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TIERRA LINDA ELEMENTARY 1201 WOODCREEK RD CAMARILLO, CA 93012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
LA MARIPOSA4800 CORTE OLIVAS CAMARILLO, CA 93012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIERRA LINDA ELEMENTARY 1201 WOODCREEK RD CAMARILLO, CA 93012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL RD CARPINTERIA, CA 93013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CARPINTERIA VALLEY ARTS COUNCIL PO BOX 597 CARPINTERIA, CA 93014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VISHWA NIRMALA DHARMAPO BOX 764 MOORPARK, CA 93020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	915
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
TURTLE CONSERVANCY 1794 MCNELL ROAD OJAI, CA 93023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERNED RESOURCE & ENVIRONMENTAL PO BOX 1532 OJAI, CA 93024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
OJAI FESTIVALS LTDPO BOX 185 OJAI, CA 93024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
VENTURA COUNTY COMMUNITY DEVELOPMEN 2231 STURGIS ROAD SUITE A OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY COMMUNITY DEVELOPMEN 2231 STURGIS ROAD SUITE A OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,500
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL DISASTER SEARCH DOG FOUNDA 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DISASTER SEARCH DOG FOUNDA 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SANTA PAULA ANIMAL RESCUE CENTER IN 705 E SANTA BARBARA STREET SANTA PAULA, CA 93060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SANTA PAULA ANIMAL RESCUE CENTER IN 705 E SANTA BARBARA STREET SANTA PAULA, CA 93060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR THE TROOPSPO BOX 12 SIMI VALLEY, CA 93062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VALLEY VIEW MIDDLE 3347 TAPO STREET SIMI VALLEY, CA 93063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
BIG SPRINGS ELEMENTARY 3401 BIG SPRINGS AVE SIMI VALLEY, CA 93063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	187
PTA CALIFORNIA CONGRESS OF PARENTS 2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOOD RANCH ELEMENTARY 455 CIRCLE KNOLL DR SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD RANCH ELEMENTARY 455 CIRCLE KNOLL DR SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	360
VISTA ELEMENTARY2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
SAINT ROSE OF LIMA PARISH AND SCHOO 1305 ROYAL AVE SIMI VALLEY, CA 93065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN CENTER-SIMI VALLEY P O BOX 940568 SIMI VALLEY, CA 93094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTHERN CALIFORNIA PIT BULL RESCUE PO BOX 942062 SIMI VALLEY, CA 93094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SOUTHERN CALIFORNIA PIT BULL RESCUE PO BOX 942062 SIMI VALLEY, CA 93094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ALZHEIMERS DISEASE AND RELATED DISO 1528 CHAPALA STREET SUITE 204 SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	345
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITY SHOPPE INC 110 WEST SOLA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,160
UNITY SHOPPE INC 110 WEST SOLA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,976
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AHA ATTITUDE HARMONY ACHIEVEMENT 1209 DE LA VINA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA SERENA1515 BATH STREET SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CASA SERENA1515 BATH STREET SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ENVIRONMENTAL COUNCIL INC 26 W ANAPAMU STREET 2ND FLOOR SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WOMENS ECONOMIC VENTURES 333 S SALINAS ST SANTA BARBARA, CA 93103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 6860 CORTONA DRIVE GOLETA, CA 93117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,375
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	501
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOODLINK FOR TULARE COUNTY INC PO BOX 391 EXETER, CA 93221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY UNIT 10 THREE RIVERS, CA 93271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISALIA EMERGENCY AID COUNCIL PO BOX 651 VISALIA, CA 93279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
VISALIA EMERGENCY AID COUNCIL PO BOX 651 VISALIA, CA 93279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VISALIA RESCUE MISSIONPO BOX 109 VISALIA, CA 93279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELF HELP ENTERPRISESPO BOX 6520 VISALIA, CA 93290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SELF HELP ENTERPRISESPO BOX 6520 VISALIA, CA 93290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
KAWEAH DELTA HOSPITAL FOUNDATION 216 S JOHNSON ST VISALIA, CA 93291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SERVICES & EMPLOYMENT TRA 312 NORTHWEST 3RD AVENUE VISALIA, CA 93291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PRO-YOUTH505 N COURT STREET VISALIA, CA 93291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAKERSFIELD ART FOUNDATION INC 1930 R STREET BAKERSFIELD, CA 93301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GARDEN PATHWAYS INC 1616 29TH STREET BAKERSFIELD, CA 93301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1500 E 19TH STREET BAKERSFIELD, CA 93305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 1500 E 19TH STREET BAKERSFIELD, CA 93305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAKERSFIELD ROTARY WEST FOUNDATION 4616 AVIARA DRIVE BAKERSFIELD, CA 93312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL POLY CORPORATION 872 HIGUERA STREET SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
CAL POLY CORPORATION 872 HIGUERA STREET SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RITAS RAINBOWS 5355 DAVENPORT CREEK ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RITAS RAINBOWS 5355 DAVENPORT CREEK ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PEOPLES SELF-HELP HOUSING CORPORATI 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAN LUIS OBISPO COUNTY HOUSING TRUS 71 ZACA LANE STE 130 SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE CORPS OF RETIRED EXECUTIVES 1228 BROAD ST SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY ACTION PARTNERSHIP OF SAN 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 225 PRADO ROAD SUITE A SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN LUIS OBISPO A L P H A INC 3480 SOUTH HIGUERA STREET SUITE 100 SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
KCBX INC CENTRAL COAST PUBLIC RADIO 4100 VACHELL LANE SAN LUIS OBISPO, CA 93401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
FRENCH HOSPITAL MEDICAL CENTER FOUN 1911 JOHNSON AVE SN LUIS OBISP, CA 93401	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUESTA COLLEGE FOUNDATION HIGHWAY 1 BUILDING 8100 SAN LUIS OBISPO, CA 93403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 613 SAN LUIS OBISPO, CA 93406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 613 SAN LUIS OBISPO, CA 93406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKS HELPING HAND INC PO BOX 14718 SAN LUIS OBISPO, CA 93406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	6,525
EL CAMINO HOMELESS ORGANIZATION PO BOX 2077 ATASCADERO, CA 93423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ALAMOS VALLEY SENIOR CITIZEN IN 690 BELL STBOX344 LOS ALAMOS, CA 93440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF SOUTH SAN LUIS 1830 19TH STREET OCEANO, CA 93445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EARTH SHINE1221 VINE ST PASO ROBLES, CA 93446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISE SAN LUIS OBISPO COUNTY PO BOX 630 PASO ROBLES, CA 93447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RISE SAN LUIS OBISPO COUNTY PO BOX 630 PASO ROBLES, CA 93447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LIFESAVERS INC 35700 SAND CANYON ROAD CALIENTE, CA 93518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESAVERS INC 35700 SAND CANYON ROAD CALIENTE, CA 93518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE MONO LAKE FOUNDATION PO BOX 29 HIGHWAY 395 AND THIRD STREET LEE VINING, CA 93541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROTARY CLUB OF TEHACHAPI FOUNDATION 28751 SKYLINE DR TEHACHAPI, CA 93561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDRENS PL MADERA, CA 93636	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MADERA RESCUE MISSION INCORPORATED 1305 CLINTON STREET MADERA, CA 93639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PINE RIDGE VOLUNTEER FIRE DEPARTMEN 37340 PINEWOOD LANE SHAVER LAKE, CA 93664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE RIDGE VOLUNTEER FIRE DEPARTMEN 37340 PINEWOOD LANE SHAVER LAKE, CA 93664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF FRESNO COUNTY 540 N AUGUSTA STREET FRESNO, CA 93701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
READING AND BEYOND 4670 E BUTLER AVE FRESNO, CA 93702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO ART MUSEUM 2233 NORTH FIRST STREET FRESNO, CA 93703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 93704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 93704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONE SOUP FRESNO 1345 EAST BULLDOG LANE FRESNO, CA 93710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CENTRAL CALIFORNIA S 1377 WEST SHAW AVENUE FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 7425 N PALMS BLUFFS AVE STE 101 FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 7575 N DEL MAR SUITE 104 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
MARCH OF DIMES INC 7575 N DEL MAR AVE STE 104 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
COMMUNITY HOUSING COUNCIL OF FRESNO 2560 W SHAW LANE 101 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7425 N PALMS BLUFFS AVE STE 101 FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRESNO PHILHARMONIC ASSOCIATION 7170 N FINANCIAL DRIVE SUITE 135 FRESNO, CA 93720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BREAK THE BARRIERS INC 8555 N CEDAR FRESNO, CA 93720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT WASHINGTON ELEMENTARY 960 E TEAGUE AVE FRESNO, CA 93720	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
COURT APPOINTED SPECIAL ADVOCATES O 2300 TULARE STREET 210 FRESNO, CA 93721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRESNO AREA HISPANIC FOUNDATION 1444 FULTON ST FRESNO, CA 93721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO FIRST STEPS HOME 1401 FULTON STREET SUITE 801 FRESNO, CA 93721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COURT APPOINTED SPECIAL ADVOCATES O 2300 TULARE STREET 210 FRESNO, CA 93721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GRID ALTERNATIVES 4140 N BRAWLEY AVE SUITE 108 FRESNO, CA 93722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRID ALTERNATIVES 4140 N BRAWLEY AVE SUITE 108 FRESNO, CA 93722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS OF CENTRAL 4047 N FRESNO STREET FRESNO, CA 93726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
HABITAT FOR HUMANITY FRESNO INC 4991 E MCKINLEY AVENUE SUITE 123 FRESNO, CA 93727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF FRESNO FOUNDATION 2307 N FINE AVE FRESNO, CA 93727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA STATE UNIVERSITY FRESNO 5005 N MAPLE AVE ED76 FRESNO, CA 93740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE MONTEREY COUNTY 450 LINCOLN AVENUE SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PALMA HIGH SCHOOL919 IVERSON ST SALINAS, CA 93901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PALMA HIGH SCHOOL919 IVERSON ST SALINAS, CA 93901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMA HIGH SCHOOL919 IVERSON ST SALINAS, CA 93901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PARTNERS FOR PEACEPO BOX 2473 SALINAS, CA 93902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL COAST GIRLS ATHLETIC FOUNDA 24655 FOOTHILL DRIVE SALINAS, CA 93908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BIG SUR MARATHON FOUNDATION INC PO BOX 222620 CARMEL, CA 93922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY PENINSULA COLLEGE FOUNDATI 980 FREMONT ST MONTEREY, CA 93940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
MONTEREY PENINSULA COLLEGE FOUNDATI 980 FREMONT ST MONTEREY, CA 93940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
MONTEREY PENINSULA COLLEGE FOUNDATI 980 FREMONT ST MONTEREY, CA 93940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MONTEREY COUNTY 60 GARDEN COURT SUITE 350 MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MONTEREY COUNTY YOUTH MUSEUM 425 WASHINGTON ST MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRINITY CHRISTIAN HIGH SCHOOL 680 BELDEN ST MONTEREY, CA 93940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PANETTA INSTITUTE FOR PUBLIC POLICY 100 CAMPUS CENTER BUILDING 86E CSU MONTEREY BAY SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
HISTIO CURE FOUNDATION INC PO BOX 1104 BELMONT, CA 94002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PHILIPPINE INTERNATIONAL AID 1813 EL CAMINO REAL STE 3 BURLINGAME, CA 94010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOOD TIDINGS FOUNDATION 1469 ROLLINS ROAD BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN HEART ASSOCIATION INC 1710 GILBRETH RD - MATCHING GIFT PROCESSING CTR BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BURLINGAME LIBRARY FOUNDATION 480 PRIMROSE ROAD BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAZZ AT THE BALLROOM INC 1325 HOWARD AVE 339 BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,202
JAZZ AT THE BALLROOM INC 1325 HOWARD AVE 339 BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,298
PHILIPPINE INTERNATIONAL AID 1813 EL CAMINO REAL STE 3 BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CALCPA INSTITUTE 1710 GILBRETH ROAD BURLINGAME, CA 94010	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,600
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLINGAME HIGH1 MANGINI WAY BURLINGAME, CA 94010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NATIONAL ASIAN AMERICAN COALITION 15 SOUTHGATE AVENUE SUITE 200 DALY CITY, CA 94015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
HOMENETMEN 699 SERRAMONTE BLVD 125 DALY CITY, CA 94015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 725 SOUTHGATE AVE DALY CITY, CA 94015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
SUMMIT PUBLIC SCHOOL SHASTA 699 SERRAMONTE BLVD DALY CITY, CA 94015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	425
LOS ALTOS EDUCATIONAL FOUNDATION PO BOX 98 LOS ALTOS, CA 94023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND TYPE1 545 MIDDLEFIELD ROAD STE 220 MENLO PARK, CA 94025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
BEYOND TYPE1 545 MIDDLEFIELD ROAD STE 220 MENLO PARK, CA 94025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43
MID-PENINSULA HIGH SCHOOL 1340 WILLOW RD MENLO PARK, CA 94025	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MENLO ATHERTON HIGH SCHOOL FOUNDATI PO BOX 1228 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
RAVENSWOOD EDUCATION FOUNDATION PO BOX 396 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WOODSIDE PRIORY SCHOOL 302 PORTOLA ROAD PORTOLA VALLEY, CA 94028	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEKING UNIVERSITY EDUCATION FOUNDAT 475 EL CAMINO REAL SUITE 401 MILLBRAE, CA 94030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOJOURN TO THE PAST 10 ROLLINS ROAD ROOM 101 MILLBRAE, CA 94030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,480
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SILICON VALLEY CAMPAIGN FOR LEGAL S PO BOX 391471 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SILICON VALLEY CAMPAIGN FOR LEGAL S PO BOX 391471 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW EDUCATIONAL FOUNDATIO PO BOX 391557 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
ST FRANCIS HIGH SCHOOL 1885 MIRAMONTE AVE MOUNTAIN VIEW, CA 94040	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,425
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEVENSON ELEMENTARY 750 SAN PIERRE WAY MOUNTAIN VIEW, CA 94043	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
NINE LIVES FOUNDATION 3137 JEFFERSON AVENUE REDWOOD CITY, CA 94062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WALK STRONG BAY AREA INC 230 WOODSIDE DRIVE WOODSIDE, CA 94062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BROADWAY BY THE BAY 2219 BROADWAY STREET REDWOOD CITY, CA 94063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BUSINESSES UNITED IN INVESTING LEND PO BOX 3316 REDWOOD CITY, CA 94064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZEN SCHOOLS INC SOBRATO CENTER FOR NONPROFITS - REDWOOD SHORES 330 TWIN DOLPHIN DRI REDWOOD SHORES, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE 139 REDWOOD CITY, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
BONNIE J ADDARIO A BREATH AWAY FROM 1100 INDUSTRIAL ROAD SAN CARLOS, CA 94070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BONNIE J ADDARIO A BREATH AWAY FROM 1100 INDUSTRIAL ROAD SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BONNIE J ADDARIO A BREATH AWAY FROM 1100 INDUSTRIAL ROAD SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
BONNIE J ADDARIO A BREATH AWAY FROM 1100 INDUSTRIAL ROAD SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 1051 BING STREET SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PARKINSONS INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOARD OF TRUSTEE OF THE GLIDE FOUND 330 ELLIS STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
BOARD OF TRUSTEE OF THE GLIDE FOUND 330 ELLIS STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
CHINESE AMERICAN INTERNATIONAL SCHO 150 OAK STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,334
COMPASS FAMILY SERVICES 49 POWELL STREET 3RD FLOOR SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL FUND FOR WOMEN INC 800 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,350
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CALIFORNIA ASSOCIATION FOR MICROENT ONE HALLIDIE PLAZA SUITE 715 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
CALIFORNIA ASSOCIATION FOR MICROENT ONE HALLIDIE PLAZA SUITE 715 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA WOMENS AND CHILDRENS CENTE 318 LEAVENWORTH STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLOBAL FUND FOR WOMEN INC 800 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,241
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASS FAMILY SERVICES 49 POWELL STREET 3RD FLOOR SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DRESS FOR SUCCESS SAN FRANCISCO 500 SUTTER STREET SUITE 218 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR TECHNION-ISRA 870 MARKET STSUITE 800 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET SUITE 200 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN CALIFORNIA COMMUNITY LOAN 870 MARKET STREET SUITE 677 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHINESE AMERICAN INTERNATIONAL SCHO 150 OAK STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE ISRAEL DEFENSE FORCE 870 MARKET STREET SUITE 1015 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	178
CHINESE AMERICAN INTERNATIONAL SCHO 150 OAK STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,334
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS & FOUNDATION OF THE SAN FRA 710 VAN NESS AVE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FRIENDS & FOUNDATION OF THE SAN FRA 710 VAN NESS AVE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO JAZZ ORGANIZATION 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
TENDERLOIN NEIGHBORHOOD DEVELOPMENT 201 EDDY STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
FRIENDS & FOUNDATION OF THE SAN FRA 710 VAN NESS AVE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENDERLOIN NEIGHBORHOOD DEVELOPMENT 201 EDDY STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CITY ARTS AND LECTURES INC 257 OAK STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRONICLE SEASON OF SHARING FUND 901 MISSION ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LIGHTHOUSE FOR THE BLIND AND VISUAL 1155 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,230
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TIBA FOUNDATION1161 MISSION ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHRONICLE SEASON OF SHARING FUND 901 MISSION ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,379
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 5 THIRD STREET SUITE 815 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTEMPORARY JEWISH MUSEUM 736 MISSION STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LA CASA DE LAS MADRES 1663 MISSION ST 225 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWORDS TO PLOWSHARES VETERANS RIGHT 1060 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TEACH FOR AMERICA INC 685 MARKET STREET SUITE 500 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE SAN FRANCISCO PARTICULAR COUNCI 1175 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,526
RENAISSANCE ENTREPRENEURSHIP CENTER 275 FIFTH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUTTVILLE255 ALABAMA ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST SUITE 320 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	322
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEOWNERSHIP SAN FRANCISCO 275 5TH STREET 314 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	756
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
RENAISSANCE ENTREPRENEURSHIP CENTER 275 FIFTH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BEST BUDDIES INTERNATIONAL INC 901 MISSION ST SAN FRANCISCO, CA 94103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ASIAN INC 1167 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,112
GOLDEN GATE LABRADOR RETRIEVER RESC 268 BUSH STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,213
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,192
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET SUITE 850 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
WILDAID INC333 PINE ST STE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN GATE LABRADOR RETRIEVER RESC 268 BUSH STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,380
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,509
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 111 SUTTER ST 20TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,630
UNITED NEGRO COLLEGE FUND INC 220 MONTGOMERY STREET SUITE 1120 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	915
BAY AREA FINANCIAL EDUCATION FOUNDA 555 CALIFORNIA STREET SUITE 4925 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
EARN INC 235 MONTGOMERY ST STE 1050 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARN INC 235 MONTGOMERY ST STE 1050 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JEWISH VOCATIONAL & CAREER COUNSELI 225 BUSH STREET SUITE 400 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET SUITE 850 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA FINANCIAL EDUCATION FOUNDA 555 CALIFORNIA STREET SUITE 4925 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CYSTIC FIBROSIS FOUNDATION 235 MONTGOMERY ST STE 724 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	386
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ASIAN PACIFIC FUND 465 CALIFORNIA STREET SUITE 809 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA HOUSING PARTNERSHIP CORP 369 PINE STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
WILDAID INC333 PINE ST STE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ASIAN PACIFIC FUND 465 CALIFORNIA STREET SUITE 809 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET STE 1160 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA HOUSING PARTNERSHIP CORP 369 PINE STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 235 MONTGOMERY ST STE 724 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 101 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
WILDAID INC333 PINE ST STE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAN FRANCISCO HOUSING ACCELERAT 369 PINE STREET SUITE 350 SAN FRANCSICO, CA 94104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
ARTHRITIS FOUNDATION INC 90 NEW MONTGOMERY STREET SUITE 710 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUMMER SEARCH101 HOWARD ST SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AT THE CROSSROADS 167 JESSIE STREET SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	309
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUMA VENTURES 131 STEUART ST STE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JUMA VENTURES 131 STEUART ST STE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JUMA VENTURES 131 STEUART ST STE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	184
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,095
CALIFORNIA HISTORICAL SOCIETY 678 MISSION STREET SAN FRANCISCO, CA 94105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
LIVE OAK A LEARNING CENTER FOR CHIL 1555 MARIPOSA ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SAN FRANCISCO PUBLIC HEALTH FOUNDAT 698 - 2ND STREET SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	293
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PACIFIC COMMUNITY VENTURES 51 FEDERAL STREET STE 100 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHOODA77 BLUXOME ST APT 310 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STERN GROVE FESTIVAL ASSOCIATION 832 FOLSOM STREET SUITE 1000 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STERN GROVE FESTIVAL ASSOCIATION 832 FOLSOM STREET SUITE 1000 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	381
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON ST SUITE 104 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350,000
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR NATIONAL PROGRESS 222 SUTTER STREET SAN FRANCISCO, CA 94108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ECOLE NOTRE DAME DES VICTOIRES SCHO 659 PINE STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	900
ST MARYS SCHOOL838 KEARNY STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	180
ECOLE NOTRE DAME DES VICTOIRES SCHO 659 PINE STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	302
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CATHOLIC CHARITIES CYO OF THE ARCHD 990 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
SOUTHEAST ASIAN COMMUNITY CENTER 875 OFARRELL STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER ST STE 400 SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODC351 SHOTWELL STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MISSION ECONOMIC DEVELOPMENT AGENCY 2301 MISSION STREET SUITE 301 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SPONSORS FOR EDUCATIONAL OPPORTUNIT 2030 HARRISON STREET 3RD FLOOR SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EXPLORATORIUM PIER 17 SUITE 100 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
SASB FOUNDATION 1045 SANSOME STREET SUITE 450 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
ASIAN AMERICANS ADVANCING JUSTICE-A 55 COLUMBUS AVENUE SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EXPLORATORIUM PIER 17 SUITE 100 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SUSTAINABLE CONSERVATION 98 BATTERY STREET SUITE 302 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
LOW INCOME INVESTMENT FUND 50 CALIFORNIA ST SUITE 2900 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER SUITE 1400 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,125
SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER SUITE 1400 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	69,875
HABITAT FOR HUMANITY INTERNATIONAL 500 WASHINGTON STREET STE 250 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FIRST RESPONDERS FUND 700 MONTGOMERY STREET SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
REDF2 EMBARCADERO CTR STE 650 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	177
GOLDEN GATE PERFORMING ARTS 526 CASTRO STREET SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	661
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
GOLDEN GATE PERFORMING ARTS 526 CASTRO STREET SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GOLDEN GATE PERFORMING ARTS 526 CASTRO STREET SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO UNIVERSITY HIGH SCHOO 3065 JACKSON ST SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
JAPANESE COMMUNITY YOUTH COUNCIL 2012 PINE STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CECILIA SCHOOL 660 VICENTE STREET SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
ST GABRIEL ELEMENTARY SCHOOL 2550 FORTY FIRST AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	554
ST GABRIEL ELEMENTARY SCHOOL 2550 FORTY FIRST AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,090
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST CECILIA SCHOOL 660 VICENTE STREET SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	925
ST GABRIEL ELEMENTARY SCHOOL 2550 FORTY FIRST AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
PACIFIC PRIMARY1501 GROVE STREET SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	828
PACIFIC PRIMARY1501 GROVE STREET SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCEE FRANCAIS DE SAN FRANCISCO 755 ASHBURY ST SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LYCEE FRANCAIS DE SAN FRANCISCO 755 ASHBURY ST SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
YOUNG WOMENS CHORAL PROJECTS PO BOX 170508 SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,299
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
GOLDEN GATE COLLECTORS FINE ARTS MU 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	199
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAME ELEMENTARY SCHOOL 1560 40TH AVENUE SAN FRANCISCO, CA 94122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HOLY NAME ELEMENTARY SCHOOL 1560 40TH AVENUE SAN FRANCISCO, CA 94122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
ST ANNE ELEMENTARY SCHOOL 1320 14TH AVENUE SAN FRANCISCO, CA 94122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSAR MAYA INC1457 JEFFERSON ST SAN FRANCISCO, CA 94123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GOLDEN GATE NATIONAL PARKS CONSERVA FORT MASON BLDG 201 SAN FRANCISCO, CA 94123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDES CENTERPO BOX 2270 SAN FRANCISCO, CA 94126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TIDES CENTERPO BOX 2270 SAN FRANCISCO, CA 94126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TIDES CENTERPO BOX 2270 SAN FRANCISCO, CA 94126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BRENDAN SCHOOL 940 LAGUNA HONDA BLVD SAN FRANCISCO, CA 94127	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST BRENDAN SCHOOL 940 LAGUNA HONDA BLVD SAN FRANCISCO, CA 94127	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS INC SAN FRANCISCO INTL AIRPORT TERMINAL 1 MEZZANINE LEVEL SAN FRANCISCO, CA 94128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYOTONIC DYSTROPHY FOUNDATION 1004A OREILLY AVE SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE GUARDSMENPO BOX 29250 SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE GUARDSMENPO BOX 29250 SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT GLIMMER 269 STRATFORD DRIVE SAN FRANCISCO, CA 94132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LOWELL ALUMNI ASSOCIATION P O BOX 320009 SAN FRANCISCO, CA 94132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO RD SAN FRANCISCO, CA 94132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HIGH SCHOOL 3250 19TH AVENUE SAN FRANCISCO, CA 94132	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
TMC DEVELOPMENT WORKING SOLUTIONS 930 MONTGOMERY STREET SUITE 400 SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CHINESE INTERNATIONAL CULT 371 BROADWAY APT 106 SAN FRANCISCO, CA 94133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STS PETER & PAUL SCHOOL 660 FILBERT STREET SAN FRANCISCO, CA 94133	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	739
ALTA VISTA SCHOOL INC 450 SOMERSET STREET SAN FRANCISCO, CA 94134	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTA VISTA SCHOOL 450 SOMERSET STREET SAN FRANCISCO, CA 94134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
MAMA HOPEPO BOX 40219 SAN FRANCISCO, CA 94140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MUTTVILLEPO BOX 410207 SAN FRANCISCO, CA 94141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUTTVILLEPO BOX 410207 SAN FRANCISCO, CA 94141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	595
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,065
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,209
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIA FOUNDATION 530 LYTTON AVENUE 2ND FLOOR PALO ALTO, CA 94301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LUCILE PACKARD FOUNDATION FOR CHILD 400 HAMILTON AVE STE 340 PALO ALTO, CA 94301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LUCILE PACKARD FOUNDATION FOR CHILD 400 HAMILTON AVE STE 340 PALO ALTO, CA 94301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANARY FUND3155 PORTER DRIVE PALO ALTO, CA 94304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW SECTOR ALLIANCE INC PO BOX 20110 PALO ALTO, CA 94309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHALLENGE SUCCESSPO BOX 20053 STANFORD, CA 94309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE MANDARIN SCHOLARS IN PO BOX 123 SAN MATEO, CA 94401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUMAN INVESTMENT PROJECT INC 800 SOUTH CLAREMONT STREET 210 SAN MATEO, CA 94402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
DAWN CHRISTIAN ACADEMY 525 42ND AVENUE SAN MATEO, CA 94403	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
MISSION HOSPICE & HOME CARE INC 1670 S AMPHLETT BLVD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOUSING ENDOWMENT & TR OF SAN MATEO 2905 S EL CAMINO REAL SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN MATEO-FOSTER CITY COMMUNITY EDU 1170 CHESS DR FOSTER CITY, CA 94404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH NOTRE DAME HIGH SCH 1011 CHESTNUT STREET ALAMEDA, CA 94501	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ALAMEDA BOYS AND GIRLS CLUB INC 1900 THIRD STREET ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ALAMEDA ANIMAL SHELT 1590 FORTMANN WAY ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALAMEDA BOYS AND GIRLS CLUB INC 1900 THIRD STREET ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FRIENDS OF THE ALAMEDA ANIMAL SHELT 1590 FORTMANN WAY ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBORBAY PARKWAY SUITE 100 ALAMEDA, CA 94502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBORBAY PARKWAY SUITE 100 ALAMEDA, CA 94502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ATHENIAN SCHOOL 2100 MOUNT DIABLO SENIC BLVD DANVILLE, CA 94506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETE ZUCKER FOUNDATION INC 6 SCENIC CT DANVILLE, CA 94506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SAN RAMON VALLEY EDUCATION FOUNDATI 180 HEMME AVENUE ALAMO, CA 94507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
SOCIAL GOOD FUND325 MARKS RD ALAMO, CA 94507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAMO ELEMENTARY100 WILSON RD ALAMO, CA 94507	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
VICTORY OUTREACH ANTIOCH 1501 MARIE AVE ANTIOCH, CA 94509	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
PARENT BOOSTER USA INC 101 AMERICAN AVE BRENTWOOD, CA 94513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE LA SALLE HIGH SCHOOL 1130 WINTON DRIVE CONCORD, CA 94518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
DIOCESE OF OAKLAND CA DEPARTMENT OF 2391 GRANT STREET CONCORD, CA 94520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,480
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAND FOR FAMILIES FREE OF VIOLENCE 1410 DANZIG PLAZA CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD SHASTA DIABLO IN 2185 PACHECO ST CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CONSUMER CREDIT COUNSELING SERVICE 1655 GRANT ST CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
PLANNED PARENTHOOD SHASTA DIABLO IN 2185 PACHECO ST CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIONS FOR WOMEN OF CALIFORNIA 5167 CLAYTON ROAD SUITE H CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPTIONS FOR WOMEN OF CALIFORNIA 5167 CLAYTON ROAD SUITE H CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF THE DIOCESE O 5562 CLAYTON ROAD CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD HIGH SCHOOL PARENTS CLUB 4200 CONCORD BLVD CONCORD, CA 94521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1061 CONCORD, CA 94522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1061 CONCORD, CA 94522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTIVE SUPPORT BUDDY INC 2176 ORIN LANE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CONTRA COSTA INTERFAITH TRANSITIONA 399 TAYLOR BLVD SUITE 115 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ACTIVE SUPPORT BUDDY INC 2176 ORIN LANE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONTRA COSTA HUMANE SOCIETY 171 MAYHEW HAW SUITE 101 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS NORTHERN CALIFORNI 3480 BUSKIRK AVE SUITE 340 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EAST BAY INTEGRATED CARE INC 3470 BUSKIRK AVENUE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY INTEGRATED CARE INC 3470 BUSKIRK AVENUE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
SPECIAL OLYMPICS NORTHERN CALIFORNI 3480 BUSKIRK AVE SUITE 340 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SAN RAMON VALLEY EDUCATION FOUNDATI PO BOX 2023 DANVILLE, CA 94526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE DOWN SYNDROME CONNECTION OF THE 101 J TOWN COUNTRY DRIVE DANVILLE, CA 94526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI PO BOX 2023 DANVILLE, CA 94526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
CHARLOTTE WOOD MIDDLE 600 EL CAPITAN DRIVE DANVILLE, CA 94526	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	912
ST ISIDORE SCHOOL 435 LA GONDA WAY DANVILLE, CA 94526	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ISIDORE SCHOOL 435 LA GONDA WAY DANVILLE, CA 94526	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	700
NONPROFIT ENTERPRISE AND SELF-SUSTA 5917 JORDAN AVE EL CERRITO, CA 94530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NONPROFIT ENTERPRISE AND SELF-SUSTA 5917 JORDAN AVE EL CERRITO, CA 94530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AN ELDERLY WISH FOUNDATION PO BOX 4365 ANTIOCH, CA 94531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AN ELDERLY WISH FOUNDATION PO BOX 4365 ANTIOCH, CA 94531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DEER VALLEY HIGH SCHOOL EDUCATIONAL 4464 LONE TREE WAY BOX 100 ANTIOCH, CA 94531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANO COMMUNITY FOUNDATION 744 EMPIRE STREET SUITE 240 FAIRFIELD, CA 94533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLY SPIRIT SCHOOL 1050 NO TEXAS ST FAIRFIELD, CA 94533	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY SPIRIT SCHOOL 1050 NO TEXAS ST FAIRFIELD, CA 94533	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 694 A STREET BOX NUMBER 7865 BUILDING 1348 TRAVIS AIR FORCE BASE, CA 94535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS 694 A STREET BOX NUMBER 7865 BUILDING 1348 TRAVIS AIR FORCE BASE, CA 94535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THORNTON JUNIOR HIGH 4357 THORNTON AVE FREMONT, CA 94536	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE ELDERCARE INC3300 CAPITOL AVE FREMONT, CA 94538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHOOTING STARS FOUNDATION INC 2197 PLUMLEIGH DR FREMONT, CA 94539	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
EDEN HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOACHIM SCHOOL 21250 HESPERIAN BLVD HAYWARD, CA 94541	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	225
ALL SAINTS CATHOLIC SCHOOL 22870 SECOND ST HAYWARD, CA 94541	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
ALL SAINTS CATHOLIC SCHOOL 22870 SECOND ST HAYWARD, CA 94541	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF GRACE SCHOOL 19920 ANITA AVENUE CASTRO VALLEY, CA 94546	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,010
EAST BAY SILVER DOLPHINS 244 CINNABAR WAY HERCULES, CA 94547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TOWN HALL THEATRE COMPANY INC 3535 SCHOOL STREET LAFAYETTE, CA 94549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 561 MERRIEWOOD DRIVE LAFAYETTE, CA 94549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ACALANES UNION HIGH 1200 PLEASANT HILL RD LAFAYETTE, CA 94549	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	205
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY STREET MARTINEZ, CA 94553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTRA COSTA COUNTY SHERIFFS SEARCH 50 GLACIER DRIVE MARTINEZ, CA 94553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIDDEN VALLEY ELEMENTARY 1909 REDWOOD DRIVE MARTINEZ, CA 94553	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	105
HIDDEN VALLEY ELEMENTARY 1909 REDWOOD DRIVE MARTINEZ, CA 94553	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST PARK ELEMENTARY 34400 MAYBIRD CIR FREMONT, CA 94555	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
AMERICAN FOUNDATION FOR SUICIDE PRE 2471 SOLANO AVE SUITE 114 NAPA, CA 94558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
NAPA VALLEY UNIFIED EDUCATIONAL FOU 2425 JEFFERSON STREET ROOM 103 NAPA, CA 94558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAPA VALLEY COMMUNITY HOUSING 150 CAMINO DORADO NAPA, CA 94558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN FOUNDATION FOR SUICIDE PRE 2471 SOLANO AVE SUITE 114 NAPA, CA 94558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
COMMUNITY ACTION OF NAPA VALLEY 2310 LAUREL ST STE 1 NAPA, CA 94559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLABRIA CARE414 S JEFFERSON ST NAPA, CA 94559	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMATEUR ATHLETIC UNION OF THE UNITE 30 GROVE COURT OAKLEY, CA 94561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,974
AMATEUR ATHLETIC UNION OF THE UNITE 30 GROVE COURT OAKLEY, CA 94561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF OAKLAND CA DEPARTMENT OF 1961 PLUM STREET PINOLE, CA 94564	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,348
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS-N-NEED8281 SASSAFRAS CT PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DUBLIN UNIFIED7471 LARKDALE AVE DUBLIN, CA 94568	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK SCHOOL907 7TH STREET RODEO, CA 94572	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
FRIENDS AND FOUNDATION ST HELENA PU P O BOX 171 SAINT HELENA, CA 94574	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UP VALLEY FAMILY CENTERS OF NAPA CO 1440 SPRING STREET SAINT HELENA, CA 94574	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2001 BOCKMAN RD SAN LORENZO, CA 94580	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	204
PTA CALIFORNIA CONGRESS OF PARENTS 2001 BOCKMAN RD SAN LORENZO, CA 94580	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
PTA CALIFORNIA CONGRESS OF PARENTS 2001 BOCKMAN RD SAN LORENZO, CA 94580	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2001 BOCKMAN RD SAN LORENZO, CA 94580	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEARTFULNESS INSTITUTE 2200 GOLDENROD LANE SAN RAMON, CA 94582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
LIVE OAK ELEMENTARY 5151 SHERWOOD WAY SAN RAMON, CA 94582	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTINELS OF FREEDOM SCHOLARSHIPFOU PO BOX 1316 SAN RAMON, CA 94583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 700 MAIN STE STE 102 SUISUN CITY, CA 94585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 700 MAIN STE STE 102 SUISUN CITY, CA 94585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNOL GLEN COMMUNITY CLUB 11601 MAIN ST SUNOL, CA 94586	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES OF SACRAMENTO IN 125 CORPORATE PLACE VALLEJO, CA 94590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BLVD VALLEJO, CA 94590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIONS IN SIGHT OF CALIFORNIA AND NE 1404 LEMON ST VALLEJO, CA 94590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WHITE PONY EXPRESS 1966 TICE VALLEY BLVD 101 WALNUT CREEK, CA 94595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,050
WHITE PONY EXPRESS 1966 TICE VALLEY BLVD 101 WALNUT CREEK, CA 94595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE PONY EXPRESS 1966 TICE VALLEY BLVD 101 WALNUT CREEK, CA 94595	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,400
WHITE PONY EXPRESS 1966 TICE VALLEY BLVD 101 WALNUT CREEK, CA 94595	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
WHITE PONY EXPRESS 1966 TICE VALLEY BLVD 101 WALNUT CREEK, CA 94595	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE MOUNT DIABLO 1901 OLYMPIC BLVD STE 320 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
DIABLO BALLETPO BOX 4700 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SAVE MOUNT DIABLO 1901 OLYMPIC BLVD STE 320 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE MOUNT DIABLO 1901 OLYMPIC BLVD STE 320 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CONTRA COSTA MUSICAL THEATRE INC PO BOX 4446 WALNUT CREEK, CA 94596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 109 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALNUT CREEK EDUCATION FOUNDATION K PO BOX 186 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
WALNUT CREEK EDUCATION FOUNDATION K PO BOX 186 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 109 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 109 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 109 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MUIR FOUNDATION 1400 TREAT BOULEVARD 2ND FLOOR WALNUT CREEK, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN HILLS SCHOOL 975 NORTH SAN CARLOS DRIVE WALNUT CREEK, CA 94598	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
FOOTHILL PARENT-FACULTY ASSOCIATION 2775 CEDRO LANE WALNUT CREEK, CA 94598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SPANISH-SPEAKING UNITY COUNCIL OF A 1900 FRUITVALE AVENUE STE 2A OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN SISTERS VISION OF HOPE 1555 34TH AVENUE OAKLAND, CA 94601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
HOPALONG ANIMAL RESCUE PO BOX 27507 OAKLAND, CA 94602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOPALONG ANIMAL RESCUE PO BOX 27507 OAKLAND, CA 94602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAD ROYCE SCHOOL 4315 LINCOLN AVENUE OAKLAND, CA 94602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
HEAD ROYCE SCHOOL 4315 LINCOLN AVENUE OAKLAND, CA 94602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
EAST BAY BICYCLE COALITION PO BOX 1736 OAKLAND, CA 94604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVATION SOCIETY OF CALIFORNIA 9777 GOLF LINKS ROAD OAKLAND, CA 94605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BISHOP O DOWD HIGH SCHOOL 9500 STEARNS AVE OAKLAND, CA 94605	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BISHOP O DOWD HIGH SCHOOL 9500 STEARNS AVE OAKLAND, CA 94605	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ANNIECANNONS INC201 4TH STREET OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ENVISION EDUCATION INC 111 MYRTLE STREET OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OAKLAND PUBLIC EDUCATION FUND 520 3RD ST STE 109 OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLLEGE TRACK112 LINDEN ST OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COLLEGE TRACK112 LINDEN ST OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OAKLAND PUBLIC EDUCATION FUND 520 3RD ST STE 109 OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ASYLUM ACCESS 555 12TH STREET 5TH FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ENVISION EDUCATION INC 111 MYRTLE STREET OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY HOUSING ORGANIZATIONS 538 9TH STREET SUITE 200 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ENVISION EDUCATION INC 111 MYRTLE STREET OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMAZON WATCH 520 3RD STREET SUITE 108 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J-SEI-INC1285 66TH STREET EMERYVILLE, CA 94608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MATTHEW HILL FOUNDATION INC 2340 POWELL STREET 293 EMERYVILLE, CA 94608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
GRID ALTERNATIVES 1171 OCEAN AVENUE SUITE 200 OAKLAND, CA 94608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW HILL FOUNDATION INC 2340 POWELL STREET 293 EMERYVILLE, CA 94608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CAUSA JUSTA JUST CAUSE PO BOX 3596 OAKLAND, CA 94609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAUSA JUSTA JUST CAUSE PO BOX 3596 OAKLAND, CA 94609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE OAKLAND ANIMALSHELTE PO BOX 3132 OAKLAND, CA 94609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST PAULS EPISCOPAL SCHOOL 116 MONTECITO AVE OAKLAND, CA 94610	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
DO IT FOR THE LOVE 360 GRAND AVENUE 360 OAKLAND, CA 94610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 440 GRAND AVE 500 OAKLAND, CA 94610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BAY AREA CHILDRENS THEATRE 6114 LA SALLE AVE 431 OAKLAND, CA 94611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CORPUS CHRISTI SCHOOL ONE ESTATES DRIVE PIEDMONT, CA 94611	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY COLLEGE FUND 2030 FRANKLIN STREET SUITE 210 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MK LEVEL PLAYING FIELD INSTITUTE 2201 BROADWAY 101 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OAKLAND PUBLIC EDUCATION FUND PO BOX 71005 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
EAST BAY COLLEGE FUND 2030 FRANKLIN STREET SUITE 210 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 426 - 17TH STREET SUITE 300 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 426 - 17TH STREET SUITE 300 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,132
ANEWAMERICA COMMUNITY CORPORATION 360 14TH STREET 500 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL COALITION FOR ASIAN PACIFI 1825 SAN PABLO AVE SUITE 2 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300,000
AMERICAN DIABETES ASSOCIATION INC 1970 BROADWAY SUITE 425 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EAST BAY ASIAN LOCAL DEVELOPMENT CO 1825 SAN PABLO AVENUE SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOCAL INITIATIVES SUPPORT CORPORATI 1970 BROADWAY SUITE 1100 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 1970 BROADWAY SUITE 1100 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24,625
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 426 - 17TH STREET SUITE 300 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY SUITE 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOVEREIGN ORDER OF MALTA-WESTERN AS 610 16TH ST OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR EMPLOYMENT OPPORTUNITIES 464 7TH STREET OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SAVE THE BAY 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN HEART ASSOCIATION INC 426 - 17TH STREET SUITE 300 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY COMMUNITY FOUNDATION 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTDOOR AFRO2323 BROADWAY OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT ACCESS INC 344 20TH STREET SUITE 414 OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 2330 BROADWAY OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF OAKLAND INC 3300 HIGH STREET 2ND FLOOR OAKLAND, CA 94619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,631
BOYS & GIRLS CLUBS OF OAKLAND INC 3300 HIGH STREET 2ND FLOOR OAKLAND, CA 94619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN LUNG ASSOCIATION 333 HEGENBERGER RD 450 OAKLAND, CA 94621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 333 HEGENBERGER RD 450 OAKLAND, CA 94621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,049
AMERICAN LUNG ASSOCIATION 333 HEGENBERGER RD 450 OAKLAND, CA 94621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,437
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
A JEWISH VOICE FOR PEACE INC PO BOX 589 BERKELEY, CA 94701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY PUBLIC SCHOOLS FUND P O BOX 2066 BERKELEY, CA 94702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CALIFORNIA BERKELEY F 2150 KITTREDGE STREET SUITE 300 BERKELEY, CA 94703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CALIFORNIA BERKELEY F 2150 KITTREDGE STREET SUITE 300 BERKELEY, CA 94703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA OUTREACH AND RECREATION PR 3075 ADELINE ST SUITE 200 BERKELEY, CA 94703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BUILDING OPPORTUNITIES FOR SELF-SU 1918 UNIVERSITY AVE SUITE 2A BERKELEY, CA 94704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF DXE PMB 328 2425 CHANNING WAY STE B BERKELEY, CA 94704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY COMMUNITY LAW CENTER 1950 UNIVERSITY AVE ST 200 BERKELEY, CA 94704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
WOMENS CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLOBAL GLIMPSE 2991 SHATTUCK AVENUE SUITE 304 BERKELEY, CA 94705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILO FOUNDATIONP O BOX 6625 ALBANY, CA 94706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MILO FOUNDATIONP O BOX 6625 ALBANY, CA 94706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST MARY'S COLLEGE HIGH SCHOOL 1294 ALBINA AVENUE BERKELEY, CA 94706	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HALF THE SKY FOUNDATION 715 HEARST AVE STE 200 BERKELEY CA, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
HALF THE SKY FOUNDATION 715 HEARST AVENUE SUITE 200 BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY EAST BAY HUMANE SOCIETY IN 2700 NINTH STREET BERKELEY, CA 94710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
REGENTS OF THE UNIVERSITY OF CALIFO 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
SALESIAN HIGH SCHOOL 2851 SALESIAN AVENUE RICHMOND, CA 94804	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST PAUL SCHOOL1825 CHURCH LANE SAN PABLO, CA 94806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL SCHOOL1825 CHURCH LANE SAN PABLO, CA 94806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
MARIN SENIOR COORDINATING COUNCIL I 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DOWNTOWN STREETS INC532 4TH ST SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN CENTER FOR INDEPENDENT LIVING 710 FOURTH STREET SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BLOOM MARIN1557 FOURTH STREET SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE GLENWOOD SCHOOL FOUNDATION 25 WEST CASTLEWOOD DRIVE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IN DEFENSE OF ANIMALS 3010 KERNER BLVD SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
IN DEFENSE OF ANIMALS 3010 KERNER BLVD SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARIN BALLET100 ELM ST SAN RAFAEL, CA 94901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAPHAEL SCHOOL 1100 FIFTH AVENUE SAN RAFAEL, CA 94901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
LIFEHOUSE INC 899 NORTHGATE DRIVE SUITE 500 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ALOPECIA AREATA FOUNDATION 65 MITCHELL BLVD SUITE 200-B SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BUCKELEW PROGRAMS 555 NORTHGATE DRIVE SUITE 100 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL ALOPECIA AREATA FOUNDATION 65 MITCHELL BLVD SUITE 200-B SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
MARIN LINK INC 5800 NORTHGATE MALL SUITE 250 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAYLOR LYNN FOUNDATION PO BOX 6333 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ZERO BREAST CANCER 30 NORTH SAN PEDRO ROAD 140 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BUCKELEW PROGRAMS 555 NORTHGATE DRIVE SUITE 100 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA OF SAN FRANCISCO & MARIN 4380 REDWOOD HIGHWAY STE A-1 SAN RAFAEL, CA 94903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST ISABELLA SCHOOL ONE TRINITY WAY P O BOX 6188 SAN RAFAEL, CA 94903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
COOL EFFECT INC 919 SIR FRANCIS DRAKE BLVD SUITE 201 KENTFIELD, CA 94904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXTRAFOOD ORG 907 SIR FRANCIS DRAKE BOULEVARD KENTFIELD, CA 94904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MARIN CATHOLIC HIGH SCHOOL 675 SIR FRANCIS DRAKE BOULEVARD KENTFIELD, CA 94904	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
MARIN CATHOLIC HIGH SCHOOL 675 SIR FRANCIS DRAKE BOULEVARD KENTFIELD, CA 94904	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DARAJA EDUCATION FUND PO BOX 4333 SAN RAFAEL, CA 94913	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERRARIPO BOX 411 KENTFIELD, CA 94914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAN RAFAEL HIGH SCHOOL BOOSTERS INC PO BOX 151203 SAN RAFAEL, CA 94915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SAN RAFAEL HIGH SCHOOL BOOSTERS INC PO BOX 151203 SAN RAFAEL, CA 94915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOLINAS MUSEUMPO BOX 450 BOLINAS, CA 94924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OLIGO NATION197 TAMAL VISTA 204 CORTE MADERA, CA 94925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WHITE HILL PARENTS CLUB 101 GLEN DR FAIRFAX, CA 94930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
HOSPICE BY THE BAY 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORTE MADERA LARKSPUR FOUNDATION 230 DOHERTY DR LARKSPUR, CA 94939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,213
HOSPICE BY THE BAY 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ST PATRICK SCHOOL120 KING STREET LARKSPUR, CA 94939	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT TAMALPAIS PRIMARY SCHOOL ELEMENT 100 HARVARD AVENUE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MOVING TRAIN INC 38 MILLER AVE SUITE 131 MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,738
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
KARMASPIRIT 936 7TH STREET SUITE B PMB 236 NOVATO, CA 94945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MARIN COMMUNITY SERVICES 680 WILSON AVE NOVATO, CA 94947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAN FRANCISCO FOOD BANK 75 DIGITAL DRIVE NOVATO, CA 94949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMEWARD BOUND OF MARIN 1385 NORTH HAMILTON PARKWAY NOVATO, CA 94949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKIZU FOUNDATION 83 HAMILTON DRIVE SUITE 200 NOVATO, CA 94949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD S PETALUMA, CA 94952	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MENTOR ME426 8TH STREET PETALUMA, CA 94952	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETALUMA JUNIOR HIGH 700 BANTAM WAY PETALUMA, CA 94952	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PETALUMA ACTIVE 20-30 NUMBER 30 PO BOX 2764 PETALUMA, CA 94953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIANT STEPS THERAPEUTIC EQUESTRIAN 1320 COMMERCE ST STE A PETALUMA, CA 94954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE BRANSON SCHOOLPO BOX 887 ROSS, CA 94957	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SUNNY HILLS SERVICES 300 SUNNY HILLS DR SAN ANSELMO, CA 94960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIR FRANCIS DRAKE HIGH 1327 SIR FRANCIS DRAKE BLVD SAN ANSELMO, CA 94960	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,000
SIR FRANCIS DRAKE HIGH 1327 SIR FRANCIS DRAKE BLVD SAN ANSELMO, CA 94960	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
SAUSALITO MARIN CITY 10 LIBERTY SHIP WAY STE 150 SAUSALITO, CA 94965	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	5,000
SAUSALITO MARIN CITY 10 LIBERTY SHIP WAY STE 150 SAUSALITO, CA 94965	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA OCEAN ALLIANCE 9099 SOQUEL DRIVE SUITE 8 APTOS, CA 95003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 747 CAMDEN AVE STE B CAMPBELL, CA 95008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
IIT MADRAS FOUNDATION 19925 STEVENS CREEK BLVD 100 CUPERTINO, CA 95014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VALLEY COMMUNITY SERVICES OF S 10104 VISTA DRIVE CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WEST VALLEY COMMUNITY SERVICES OF S 10104 VISTA DRIVE CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
IIT MADRAS FOUNDATION 19925 STEVENS CREEK BLVD 100 CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VALLEY COMMUNITY SERVICES OF S 10104 VISTA DRIVE CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ART OF LIVING FOUNDATION PO BOX 2010 CUPERTINO, CA 95015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	535
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,600
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIA COMMUNITY CENTER INC 525 LOS COCHES ST MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MARSHALL POMEROY ELEMENTARY 1505 ESCUELA PARKWAY MILPITAS, CA 95035	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
SELF SUSTAINING COMMUNITIES 355 KIRBY AVENUE MORGAN HILL, CA 95036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DRIVE P O BOX 4568 OCEANSIDE, CA 95052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DRIVE P O BOX 4568 OCEANSIDE, CA 95052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HIDAYA FOUNDATIONPO BOX 5481 SANTA CLARA, CA 95056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIDAYA FOUNDATIONPO BOX 5481 SANTA CLARA, CA 95056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 1007 CEDAR STREET SANTA CRUZ, CA 95060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U C SANTA CRUZ FOUNDATION 1156 HIGH ST SANTA CRUZ, CA 95064	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
U C SANTA CRUZ FOUNDATION 1156 HIGH ST SANTA CRUZ, CA 95064	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
SANTA CRUZ SPCA AND HUMANE SOCIETY 2685 CHANTICLEER AVENUE SANTA CRUZ, CA 95065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREWS EPISCOPAL CHURCH 13601 SARATOGA AVE SARATOGA, CA 95070	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
HAKONE FOUNDATIONPO BOX 2324 SARATOGA, CA 95070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
SAN JOSE CHILDRENS DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 95110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SAN JOSE 2625 ZANKER ROAD SAN JOSE, CA 95110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN JOSE CHILDRENS DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 95110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GARDNER FAMILY HEALTH NETWORK INC 160 EAST VIRGINIA ST STE 100 SAN JOSE, CA 95112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST PLACE FOR YOUTH 152 N 3RD STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SILICON VALLEY CREATES 38 W SANTA CLARA ST SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAHINDRA FOUNDATION 10 S ALMADEN BLVD STE 600 SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	504
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TECH MUSEUM OF INNOVATION 145 W SAN CARLOS STREET SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
HOUSING TRUST SILICON VALLEY 75 E SANTA CLARA STREET SUITE 1350 SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE TECH MUSEUM OF INNOVATION 145 W SAN CARLOS STREET SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON VALLEY CREATES 38 W SANTA CLARA ST SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HOUSING TRUST SILICON VALLEY 75 E SANTA CLARA STREET SUITE 1350 SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SILICON VALLEY CHILDRENS FUND 75 E SANTA CLARA ST SUITE 1450 SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON VALLEY CREATES 38 W SANTA CLARA ST SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE TECH MUSEUM OF INNOVATION 145 W SAN CARLOS STREET SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MOVIMIENTO DE ARTE Y CULTURA LATINO 510 S FIRST STREET SAN JOSE, CA 95113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LRNG IN AN URBAN COMM WITH HIGH ACH 1711 E SAN ANTONIO STREET SAN JOSE, CA 95116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JAMES FRANKLIN SMITH ELEMENTARY 2220 WOODBURY LN SAN JOSE, CA 95121	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LEGACY CHRISTIAN SCHOOL INC 420 ALLEGAN CIR SAN JOSE, CA 95123	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY CHRISTIAN SCHOOL INC 420 ALLEGAN CIR SAN JOSE, CA 95123	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
LEGACY CHRISTIAN SCHOOL INC 420 ALLEGAN CIR SAN JOSE, CA 95123	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,635
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESENTATION HIGH SCHOOL 2281 PLUMMER AVENUE SAN JOSE, CA 95125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
PARENTS HELPING PARENTS INC STE 100 SAN JOSE, CA 95126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
SAN JOSE CHILDRENS MUSICAL THEATER 1401 PARKMOOR AVENUE SUITE 100 SAN JOSE, CA 95126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON VALLEY FACES 1401 PARKMOORE AVE SUITE 150 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PARENTS HELPING PARENTS INC STE 100 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
CITY YEAR INC 1922 THE ALAMEDA STREET SUITE 104 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD KARMA BIKES 460 LINCOLN AVE 15 SAN JOSE, CA 95126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PARENTS HELPING PARENTS INC STE 100 SAN JOSE, CA 95126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HISPANIC FOUNDATION OF SILICON VALL 1922 THE ALAMEDA SUITE 217 SAN JOSE, CA 95126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC FOUNDATION OF SILICON VALL 1922 THE ALAMEDA SUITE 217 SAN JOSE, CA 95126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JEEVANVIDYA CENTER INC 4994 KINGSTON WAY SAN JOSE, CA 95130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	545
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
ALZHEIMERS DISEASE AND RELATED DISO 2290 NORTH FIRST STREET SUITE 101 SAN JOSE, CA 95131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
SPECIAL OLYMPICS INCPO BOX 5130 SAN JOSE, CA 95150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOCKTON SHELTER FOR THE HOMELESS 411 S HARRISON ST STOCKTON, CA 95203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL BALLET THEATER INSTIT 320 NORTH WASHINGTON ST LODI, CA 95240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1101 SYLVAN AVE STE C-105 MODESTO, CA 95350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 1608 SUNRISE AVE MODESTO, CA 95350	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY625 I STREET MODESTO, CA 95353	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY625 I STREET MODESTO, CA 95353	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
SOCIETY FOR DISABILITIES 1129 8TH ST 101 MODESTO, CA 95354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOSPICE FOUNDATION 4368 SPYRES WAY MODESTO, CA 95356	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
ALL AMERICAN SPORTS ACADEMY TEAMS 11208 VALLEY SPRINGS DR OAKDALE, CA 95361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,360
NORCAL CARCINET SUPPORT GROUP 946 N RIPON RD RIPON, CA 95366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CANINES ANIMAL RESCUE PO BOX 563 TRACY, CA 95376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT STE 220 SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT STE 220 SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,361
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1400 N DUTTON AVE STE 20 SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ELSIE ALLEN HIGH SCHOOL FOUNDATION PO BOX 4801 SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
YOUNG WOMENS CHRISTIAN ASSOCIATION 811 THIRD AVE SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 811 THIRD AVE SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
CALIFORNIA PROGRAMS FOR THE AUTISTI 325 MAJOR DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
F I S H OF THE SANTA ROSA AREA INC P O BOX 4291 SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD CREDIT UNION COMMUNITY FUND 3033 CLEVELAND AVENUE SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
REDWOOD CREDIT UNION COMMUNITY FUND 3033 CLEVELAND AVENUE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
F I S H OF THE SANTA ROSA AREA INC P O BOX 4291 SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F I S H OF THE SANTA ROSA AREA INC P O BOX 4291 SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 1451 GUERNEVILLE ROAD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	113
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
SANTA ROSA MEMORIAL HOSPITAL 101 BROOKWOOD AVE STE 202 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA COMMUNITY LENDER INC 503 BROWN ST SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVE SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
CAREER TECHNICAL EDUCATION FOUNDATI 1030 APOLLO WAY SUITE 200 SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVE SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVE SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
HABITAT FOR HUMANITY INTERNATIONAL 15312 LAKESHORE DR CLEARLAKE, CA 95422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CALIFORNIA HISTORICAL ARTILLERY SOC PO BOX 86 DUNCANS MILLS, CA 95430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACTIVE 20-30 OF SEBASTOPOL 63 PO BOX 927 SEBASTOPOL, CA 95473	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTIVE 20-30 OF SEBASTOPOL 63 PO BOX 927 SEBASTOPOL, CA 95473	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF SONOMA VALLEY 100 WEST VERANO AVENUE SONOMA, CA 95476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	286
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	221
PLACER NATURE CENTER 3700 CHRISTIAN VALLEY ROAD AUBURN CA 95602 AUBURN, CA 95602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILD ADVOCATES OF PLACER COUNTY 11641 BLOCKER DRIVE 220 AUBURN, CA 95603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS FAMILIES AND FRIENDS OF LES 2280 GRASS VALLEY HWY 293 AUBURN, CA 95603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORCAL BOXER RESCUE 1520 E COVELL BLVD STE 5 DAVIS, CA 95616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
REGENTS OF THE UNIVERSITY OF CALIFO 1 SHIELDS AVENUE DAVIS, CA 95616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
REGENTS OF THE UNIVERSITY OF CALIFO 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CENTRAL CALIFORNIA LABRADOR RETRIEV PO BOX 2912 FAIR OAKS, CA 95628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMADOR COMMUNITY COLLEGE FOUNDATION 525-6 HWY 49 JACKSON, CA 95642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOOMIS BASIN EDUCATION FOUNDATION PO BOX 1450 LOOMIS, CA 95650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AGAPE INTERNATIONAL MISSIONS 151 N SUNRISE AVE STE 1006 ROSEVILLE, CA 95661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVEPOWER FOUNDATION 8781 SIERRA COLLEGE BLVD ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
SHELTER PROVIDERS OF SACRAMENTO INC 1536 EUREKA ROAD ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALEXS LEMONADE STAND FOUNDATION 2969 COLOMA ST PLACERVILLE, CA 95667	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAI SEVA SADAN 3079 KILGORE ROAD SUITE A RANCHO CORDOVA, CA 95670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MERCY FOUNDATION3400 DATA DRIVE RANCHO CORDOVA, CA 95670	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,500
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,616
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA WATERFOWL ASSOCIATION 1346 BLUE OAKS BLVD ROSEVILLE, CA 95678	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF EL DORA 3461 ROBIN LANE STE 2 CAMERON PARK, CA 95682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF EL DORA 3461 ROBIN LANE STE 2 CAMERON PARK, CA 95682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RURAL COMMUNITY ASSISTANCE 3120 FREEBOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
RURAL COMMUNITY ASSISTANCE 3120 FREEBOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
PREGNANCY SUPPORT GROUP OF WOODLAND 120 COURT STREET WOODLAND, CA 95695	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2185 NORTH CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 95696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 2185 NORTH CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 95696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
AMERICAN CANCER SOCIETY INC 2185 NORTH CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 95696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2185 NORTH CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 95696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,535
AMERICAN CANCER SOCIETY INC 2185 NORTH CALIFORNIA BLVD SUITE 290 WALNUT CREEK, CA 95696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 6054 VACAVILLE, CA 95696	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUREKA SCHOOLS FOUNDATION PO BOX 2444 GRANITE BAY, CA 95746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
EUREKA SCHOOLS FOUNDATION PO BOX 2444 GRANITE BAY, CA 95746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DOWN SYNDROME INFORMATION ALLIANCE 5098 FOOTHILLS BLVD SUITE 3-464 ROSEVILLE, CA 95747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 2364 BECKETT DR EL DORADO HILLS, CA 95762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUMA VENTURES815 S STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMA VENTURES815 S STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUMA VENTURES815 S STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 2007 O STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 819 NORTH 10TH STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2007 O STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,025
HABITAT FOR HUMANITY INTERNATIONAL 819 NORTH 10TH STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMA VENTURES815 S STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 1531 I STREET STE 201 SACRAMENTO, CA 95814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
BREATHE CALIFORNIA OF LOS ANGELES C 1531 I STREET SUITE 201 SACRAMENTO, CA 95814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CALIFORNIA COALITION FOR RURAL HOUS 717 K STREET SUITE 400 SACRAMENTO, CA 95814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COALITION FOR RURAL HOUS 717 K STREET SUITE 400 SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN LUNG ASSOCIATION 1531 I STREET STE 201 SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BREATHE CALIFORNIA OF LOS ANGELES C 1531 I STREET SUITE 201 SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROCKER ART MUSEUM ASSOCIATION 216 O STREET SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
CROCKER ART MUSEUM ASSOCIATION 216 O STREET SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CALIFORNIA BLACK CHAMBER OF COMMERC 1600 SACRAMENTO INN WAY SACRAMENTO, CA 95815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER POBOX 161238 SACRAMENTO, CA 95816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHOULDER TO SHOULDER 2324 L STREET SUITE 408 SACRAMENTO, CA 95816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CITY YEAR INC3400 3RD AVENUE SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY VISION INC3400 3RD AVE SACRAMENTO, CA 95817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VALLEY VISION INC2320 BROADWAY SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SACRAMENTO SELF-HELP HOUSING INC PO BOX 188445 SACRAMENTO, CA 95818	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO CITY UNIFIED 5241 J STREET SACRAMENTO, CA 95819	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
VOLUNTEERS OF AMERICA INC 3434 MARCONI AVE SACRAMENTO, CA 95821	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SACRAMENTO POLICE FOUNDATION INCORP 5960 S LAND PARK DRIVE PMB 235 SACRAMENTO, CA 95822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO POLICE FOUNDATION INCORP 5960 S LAND PARK DRIVE PMB 235 SACRAMENTO, CA 95822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUBS OF GREATER SAC 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS AND GIRLS CLUBS OF GREATER SAC 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TLCS INC650 HOWE AVE BDG 400A SACRAMENTO, CA 95825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TLCS INC650 HOWE AVE BDG 400A SACRAMENTO, CA 95825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
TLCS INC650 HOWE AVE BDG 400A SACRAMENTO, CA 95825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACKHAWKS SOCCER CLUB INC 701 UNIVERSITY AVE STE 110 SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BLACKHAWKS SOCCER CLUB INC 701 UNIVERSITY AVE STE 110 SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAPITAL PUBLIC RADIO INC 7055 FOLSOM BLVD SACRAMENTO, CA 95826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL PUBLIC RADIO INC 7055 FOLSOM BLVD SACRAMENTO, CA 95826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE SUITE 100 SACRAMENTO, CA 95826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
LIFE SKILLS TRAINING AND EDUCATIONA 3247 RAMOS CIRCLE SACRAMENTO, CA 95827	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1755 CREEKSIDE OAKS DRIVE SUITE 130 SACRAMENTO, CA 95833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 1755 CREEKSIDE OAKS DR 130 SACRAMENTO, CA 95833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA FOUNDATION FOR AGRICULTU 2300 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL PEMPHIGUS PEMPHIGOID 1331 GARDEN HIGHWAY 100 SACRAMENTO, CA 95833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KVIE INC2030 WEST EL CAMINO AVE SACRAMENTO, CA 95833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
THE SALVATION ARMY 3755 NORTH FREEWAY BLVD SACRAMENTO, CA 95834	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY3755 N FREEWAY SACRAMENTO, CA 95834	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD SACRAMENTO, CA 95838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SOIL BORN FARM URBAN AGRICULTURE PR PO BOX 661175 SACRAMENTO, CA 95866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARADISE ROTARY FOUNDATION 702 MANGROVE AVE SUITE 289 CHICO, CA 95926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	212
3 COR INC 1430 EAST AVENUE SUITE 4A CHICO, CA 95926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PARADISE ROTARY FOUNDATION 702 MANGROVE AVE SUITE 289 CHICO, CA 95926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
COMMUNITY HOUSING IMPROVEMENT PROGR 1001 WILLOW STREET CHICO, CA 95928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY HOUSING IMPROVEMENT PROGR 1001 WILLOW STREET CHICO, CA 95928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY FOUNDATION CALIFORNI 400 WEST FIRST STREET CHICO, CA 95929	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
SIERRA NEVADA MEMORIAL HOSPITAL FOU 140 LITTON DRIVE SUITE 220 GRASS VALLEY, CA 95945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL PLACE17314 MCCOURTNEY RD GRASS VALLEY, CA 95949	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL PLACE17314 MCCOURTNEY RD GRASS VALLEY, CA 95949	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2125 EAST ONSTOTT ROAD YUBA CITY, CA 95991	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PEOPLE OF PROGRESS INCORPORATED 1242 CENTER STREET REDDING, CA 96001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY FOUNDATION NORTH 2625 EDITH AVE SUITE E REDDING, CA 96001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
MERCY FOUNDATION NORTH 2625 EDITH AVE SUITE E REDDING, CA 96001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTHERN CALIFORNIA FEDERATION JUNI PO BOX 990058 REDDING, CA 96099	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA BUSINESS COUNCIL PO BOX 2428 TRUCKEE, CA 96160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JOURNEYS WITHIN OUR COMMUNITY 11260 DONNER PASS ROAD 256 TRUCKEE, CA 96161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ACHIEVE TAHOE POST OFFICE BOX 8339 TRUCKEE, CA 96162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE 808 HORSE RESCUE PO BOX 2817 EWA BEACH, HI 96706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EQUINE 808 HORSE RESCUE PO BOX 2817 EWA BEACH, HI 96706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EQUINE 808 HORSE RESCUE PO BOX 2817 EWA BEACH, HI 96706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE 808 HORSE RESCUE PO BOX 2817 EWA BEACH, HI 96706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MOLOKAI MIDDLE SCHOOLPO BOX 443 HOOLEHUA, HI 96729	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CAREGIVER FOUNDATION 1034 KILANI AVENUE STE 104 WAHIAWA, HI 96786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE PLANET FOUNDATION 55 MERCHANT ST SUITE 1700 HONOLULU, HI 96813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JUNIOR ACHIEVEMENT OF HAWAII 1888 KALAKAUA AVENUE STE C-312 HONOLULU, HI 96815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE STE 210 HONOLULU, HI 96816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAII SYMPHONY ORCHESTRA INC 3610 WAIALAE AVENUE HONOLULU, HI 96816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HAWAII SYMPHONY ORCHESTRA INC 3610 WAIALAE AVENUE HONOLULU, HI 96816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EPILEPSY FOUNDATION OF HAWAII 200 NVINEYARD BLVD SUITE B259 HONOLULU, HI 96817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVENUE HONOLULU, HI 96826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
TRANSITIONAL YOUTH 1500 NW 167TH PLACE BEAVERTON, OR 97006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PARKINSONS RESOURCES OF OREGON 8880 SW NIMBUS AVENUE SUITE B BEAVERTON, OR 97008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCO IRIS SPANISH IMMERSION SCHOOL 6107 SW MURRAY BLVD 104 BEAVERTON, OR 97008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GORGE COMMUNITY FOUNDATION PO BOX 1711 HOOD RIVER, OR 97031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERDALE SCHOOL FOUNDATION PO BOX 36 LAKE OSWEGO, OR 97034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDERHEART INC 1800 BLANKENSHIP RD WEST LINN, OR 97068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRO CULTURAL DE CONDADO DE WASHI PO BOX 708 CORNELIUS, OR 97113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ADELANTE MUJERES 2030 MAIN ST SUITE A FOREST GROVE, OR 97116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 5293 NE ELAM YOUNG PKWY 140 HILLSBORO, OR 97124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
HABITAT FOR HUMANITY INTERNATIONAL 5293 NE ELAM YOUNG PKWY 140 HILLSBORO, OR 97124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,800
LINFIELD COLLEGE 900 SE BAKER ST UNIT A476 MCMINNVILLE, OR 97128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINFIELD COLLEGE 900 SE BAKER ST UNIT A476 MCMINNVILLE, OR 97128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LINFIELD COLLEGE 900 SE BAKER ST UNIT A476 MCMINNVILLE, OR 97128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LINFIELD COLLEGE 900 SE BAKER ST UNIT A476 MCMINNVILLE, OR 97128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE FOX UNIVERSITY 414 N MERIDIAN ST 6256 NEWBERG, OR 97132	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,750
CHEHALEM CENTER ASSOCIATION 415 E SHERIDAN ST NEWBERG, OR 97132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
CHEHALEM CENTER ASSOCIATION 415 E SHERIDAN ST NEWBERG, OR 97132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INCIGHT COMPANY 111 SW COLUMBIA ST STE 1170 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOLVE2000 SW 1ST AVE STE 400 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLVE2000 SW 1ST AVE STE 400 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26,000
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INCIGHT COMPANY 111 SW COLUMBIA ST STE 1170 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OREGON CHILDRENS FOUNDATION 101 SW MARKET ST PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 1500 SW 1ST AVE 270 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW AVENUES FOR YOUTH INC 1220 SW COLUMBIA STREET PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
OREGON OPPORTUNITY NETWORK 1207 SW BROADWAY STREET SUITE 400 PORTLAND, OR 97204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOCIAL VENTURE PARTNERS PORTLAND 306 SW FIRST AVE STE 158 PORTLAND, OR 97204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC METROPOLITAN CHAMBER OF CO 333 SW 5TH AVENUE SUITE 100 PORTLAND, OR 97204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OREGON OPPORTUNITY NETWORK 1207 SW BROADWAY STREET SUITE 400 PORTLAND, OR 97204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
L ARCHE USA310 SW 4TH AVE STE 840 PORTLAND, OR 97204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDERS IN ACTION 1411 SW MORRISON SUITE 290 PORTLAND, OR 97205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITERARY ARTS INC 925 SW WASHINGTON ST PORTLAND, OR 97205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37,500
NATURE CONSERVANCY 1634 SW ALDER STREET PORTLAND, OR 97205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1634 SW ALDER STREET PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WORLD AFFAIRS COUNCIL OF OREGON INC 1207 SW BROADWAY STE 300 PORTLAND, OR 97205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
WORLD AFFAIRS COUNCIL OF OREGON INC 1207 SW BROADWAY STE 300 PORTLAND, OR 97205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SE WORKS INC 7916 SE FOSTER ROAD SUITE 104 PORTLAND, OR 97206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SE WORKS INC 7916 SE FOSTER ROAD SUITE 104 PORTLAND, OR 97206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SE WORKS INC 7916 SE FOSTER ROAD SUITE 104 PORTLAND, OR 97206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INNOVATIVE HOUSING INC 219 NW 2ND AVE PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORTLAND CLASSICAL CHINESE GARDEN 220 NW 2ND AVENUE SUITE 1050 PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL ARTS & CULTURE COUNCIL 411 NW PARK AVENUE PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CASCADE AIDS PROJECT 520 NW DAVIS ST SUITE 215 PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
XXCELERATE220 NW 8TH AVE PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOONBILL FOUNDATION 600 NW NAITO PKWY STE UNIT G PORTLAND, OR 97209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OREGON FOOD BANK INC 7900 NE 33RD DR PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,576
OREGON FOOD BANK INC 7900 NE 33RD DR PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON FOOD BANK INC 7900 NE 33RD DR PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
TOGETHER WE ARE GREATER THAN 2916 NE ALBERTA SUITE D PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
OREGON FOOD BANK INC 7900 NE 33RD DR PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON FOOD BANK INC 7900 NE 33RD DR PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
FRIENDS OF THE CHILDREN-PORTLAND 44 NE MORRIS ST PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CHILDREN-PORTLAND 44 NE MORRIS ST PORTLAND, OR 97212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OREGON TRADESWOMEN INC 3934 NE MARTIN LUTHER KING JR BOULEVARD SUITE 101 PORTLAND, OR 97212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FIRST GROWTH CHILDREN AND FAMILY CH 1001 SE SANDY BLVD PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST GROWTH CHILDREN AND FAMILY CH 1001 SE SANDY BLVD PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NORTHWEST EARTH INSTITUTE 107 SE WASHINGTON ST 251 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
ALL CLASSICAL PUBLIC MEDIA INC 211 SE CARUTHERS STE 200 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CATHOLIC HIGH SCHOOL 2401 SE STARK ST PORTLAND, OR 97214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CENTRAL CATHOLIC HIGH SCHOOL 2401 SE STARK ST PORTLAND, OR 97214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,735
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 88 PORTLAND, OR 97219	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 88 PORTLAND, OR 97219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,350
STORE TO DOOR7730 SW 31ST AVE PORTLAND, OR 97219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PORTLAND YOUTH PHILHARMONIC ASSOCIA 9320 SW BARBUR BLVD SUITE 140 PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	656
PORTLAND CHILDRENS MUSEUM 4015 SW CANYON ROAD PORTLAND, OR 97221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST HOUSING ALTERNATIVES INC 13819 SE MCLOUGHLIN BLVD MILWAUKIE, OR 97222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AFRICA NEW LIFE MINISTRIES INTERNAT 7405 SW TECH CENTER DRIVE STE 144 PORTLAND, OR 97223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	468
AFRICA NEW LIFE MINISTRIES INTERNAT 7405 SW TECH CENTER DRIVE STE 144 PORTLAND, OR 97223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT HIGH SCHOOL 9000 SW BEAVERTON - HILLSDALE HWY PORTLAND, OR 97225	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
JESUIT HIGH SCHOOL 9000 SW BEAVERTON - HILLSDALE HWY PORTLAND, OR 97225	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
JESUIT HIGH SCHOOL 9000 SW BEAVERTON - HILLSDALE HWY PORTLAND, OR 97225	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 3131 N VANCOUVER AVE PORTLAND, OR 97227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 3131 N VANCOUVER AVE PORTLAND, OR 97227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAMP45 CONTEMPORARYPO BOX 28209 PORTLAND, OR 97228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP45 CONTEMPORARYPO BOX 28209 PORTLAND, OR 97228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LIFEWORKS NW 14600 NW CORNELL ROAD PORTLAND, OR 97229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OREGON HEALTH AND SCIENCE UNIVERSIT 1121 SW SALMON ST STE 100 PORTLAND, OR 97230	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS OF OREGON INC 1532 NE 37TH AVENUE SUITE B PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DRESS FOR SUCCESS OF OREGON INC 1532 NE 37TH AVENUE SUITE B PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
DRESS FOR SUCCESS OF OREGON INC 1532 NE 37TH AVENUE SUITE B PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS OF OREGON INC 1532 NE 37TH AVENUE SUITE B PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINES FOR LIFE 5100 SW MACADAM AVENUE SUITE 400 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5331 SW MACADAM AVENUE STE 290 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 0330 SW CURRY STREET PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INC OF THE PACIFIC NORTHWEST 4800 SW MACADAM AVE SUITE 309 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5331 SW MACADAM AVENUE STE 290 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRLS INC OF THE PACIFIC NORTHWEST 4800 SW MACADAM AVE SUITE 309 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5331 SW MACADAM AVENUE STE 290 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF PORTLAND OREGON IN 5100 SW MACADAM BLVD 450 PORTLAND, OR 97239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REACH COMMUNITY DEVELOPMENT INC 4150 SW MOODY AVE PORTLAND, OR 97239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HELPING HANDS PO BOX 29109 PORLTAND, OR 97296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
ONABEN PO BOX 25477 PORTLAND OR 97298 PORTLAND, OR 97298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF SALEM MARION & 1395 SUMMER ST NE SALEM, OR 97301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
BOYS & GIRLS CLUB OF SALEM MARION & 1395 SUMMER ST NE SALEM, OR 97301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BRIDGE BUILDERS INTERNATIONAL PO BOX 4073 SALEM, OR 97302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1220 12TH ST SE SALEM, OR 97302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BRIDGE BUILDERS INTERNATIONAL PO BOX 4073 SALEM, OR 97302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY INTERNATIONAL 1220 12TH ST SE SALEM, OR 97302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVALLIS NEIGHBORHOOD HOUSING SERV 257 SW MADISON AVENUE CORVALLIS, OR 97333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SHELTERCARE499 W 4TH AVENUE EUGENE, OR 97401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AIRPORT ROTARY FOUNDATION 1574 COBURG ROAD 188 EUGENE, OR 97401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOVE MEDICAL487 E 11TH AVENUE EUGENE, OR 97401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROSE CHILDRENS THEATRE 1574 COBURG ROAD 257 EUGENE, OR 97401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,279
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNIVERSITY OF OREGON FOUNDATION 1223 UNIVERSITY OF OREGON EUGENE, OR 97403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF OREGON FOUNDATION 1223 UNIVERSITY OF OREGON EUGENE, OR 97403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OREGON FOUNDATION 1223 UNIVERSITY OF OREGON EUGENE, OR 97403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
EUGENE CHRISTIAN SCHOOL 2895 CHAD DR EUGENE, OR 97408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ARC OF LANE COUNTY4181 E STREET SPRINGFIELD, OR 97478	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DRESSEMBER FOUNDATION PO BOX 1092 ASHLAND, OR 97520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	173
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON SHAKESPEARE FESTIVAL ASSOCIA 15 S PIONEER ST ASHLAND, OR 97520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OREGON SHAKESPEARE FESTIVAL ASSOCIA 15 S PIONEER ST ASHLAND, OR 97520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,540
COUNCIL ON AGING OF CENTRAL OREGON 373 NE GREENWOOD BEND, OR 97701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESCHUTES BASIN LAND TRUST 210 NW IRVING AVE STE 102 BEND, OR 97701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CASCADES ACADEMY OF CENTRAL OREGON 19860 TUMALO RESERVOIR ROAD BEND, OR 97703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
DISABLED SPORTS USA 63025 OB RILEY RD SUITE 12 BEND, OR 97703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF OREGON CORPS INC PO BOX 279 BEND, OR 97709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CROHNS & COLITIS FOUNDATION INC 9 LAKE BELLEVUE DRIVE STE 203 BELLEVUE, WA 98005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 9 LAKE BELLEVUE DRIVE STE 203 BELLEVUE, WA 98005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TYEE MIDDLE SCHOOL PTSA 2 3 145 13630 SE ALLEN RD BELLEVUE, WA 98006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LIFEWIRE1401 140TH PL NE BELLEVUE, WA 98007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 11811 NE 195TH STREET BOTHELL, WA 98011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEATTLE WIND SYMPHONY 14614 26TH DRIVE SE MILL CREEK, WA 98012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PTA WASHINGTON CEDAR WOOD 3414 168TH STREET SE BOTHELL, WA 98012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L & E ACADEMY FOUNDATION 316 FOURTH AVENUE SOUTH KIRKLAND, WA 98033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,450
BOYS AND GIRLS CLUBS OF KING COUNTY 10805 124TH AVE NE KIRKLAND, WA 98033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
L & E ACADEMY FOUNDATION 316 FOURTH AVENUE SOUTH KIRKLAND, WA 98033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING PERSPECTIVES 10027 NE 129TH PLACE KIRKLAND, WA 98034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
CAMP KOREY 19031 33RD AVE W STE 211 LYNNWOOD, WA 98036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE FRIENDSHIP CIRCLE OF WASHINGTON 2737 77TH AVE SE - SUITE 101 MERCER ISLAND, WA 98040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST MERCER PTSA MERCER ISLAND COUN 4141 81ST AVE SE MERCER ISLAND, WA 98040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
ST MONICA SCHOOL4320 87TH AVE SE MERCER ISLAND, WA 98040	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
LITTLE BIT THERAPEUTIC RIDING CENTE 18675 NE 106TH ST REDMOND, WA 98052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BIT THERAPEUTIC RIDING CENTE 18675 NE 106TH ST REDMOND, WA 98052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HIGHLANDS PRE SCHOOLS ASSOC 701 MONROE AVE NE RENTON, WA 98056	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
VISION HOUSEPO BOX 2951 RENTON, WA 98056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST ANTHONY ELEMENTARY SCHOOL 336 SHATTUCK AVE S RENTON, WA 98057	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAPLEWOOD HEIGHTS ELEMENTARY SCHOOL 130 JERICHO AVE SE RENTON, WA 98057	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
BRIARWOOD PTA17020 SE 134TH ST RENTON, WA 98059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION PO BOX 9716 MAILSTOP 120 FEDERALWAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	105
SNOQUALMIE PTA KING COUNTY 2 18 23 39801 SE PARK STREET SNOQUALMIE, WA 98065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIMBER RIDGE ELEMENTARY SCHOOL PTSA 34412 SE SWENSON DRIVE SNOQUALMIE, WA 98065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EASTSIDE BABY CORNERPO BOX 712 ISSAQUAH, WA 98072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOMEWARD PET ADOPTION CENTER 13132 NE 177TH PLACE WOODINVILLE, WA 98072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD PET ADOPTION CENTER 13132 NE 177TH PLACE WOODINVILLE, WA 98072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTSIDE CATHOLIC SCHOOL 232 228TH AVENUE SE SAMMAMISH, WA 98074	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA MASON MEDICAL CENTER CASSEL CRAG BUILDING SUITE 105 1218 TERRY AVE SEATTLE, WA 98101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART ST STE 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING DEVELOPMENT CONSORTIUM OF S 1402 THIRD AVENUE SUITE 1230 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART STREET 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART STREET 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING DEVELOPMENT CONSORTIUM OF S 1402 THIRD AVENUE SUITE 1230 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
STOLENYOUTHPO BOX 296 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WASHINGTON ENVIRONMENTAL COUNCIL 1402 THIRD AVENUE SUITE 1400 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE PLACE MARKET FOUNDATION 93 PIKE ST SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARCH OF DIMES INC 1904 3RD AVE SUITE 230 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	129
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOUSING DEVELOPMENT CONSORTIUM OF S 1402 THIRD AVENUE SUITE 1230 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SEATTLE ROTARY SERVICE FOUNDATION 1326 FIFTH AVENUE SUITE 342 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART ST STE 300 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 98101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
SEATTLE SYMPHONY FOUNDATION PO BOX 21906 SEATTLE, WA 98101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE, WA 98102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE, WA 98102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PHINNEY NEIGHBORHOOD ASSOCIATION 6532 PHINNEY AVE N SEATTLE, WA 98103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOODLAND PARK ZOOLOGICAL SOCIETY 5500 PHINNEY AVE N SEATTLE, WA 98103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HAMILTON MIDDLE SCHOOL PTSA SEATTLE 1610 N 41ST ST SEATTLE, WA 98103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP BLANCHET HIGH SCHOOL 8200 WALLINGFORD AVE N SEATTLE, WA 98103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
BISHOP BLANCHET HIGH SCHOOL 8200 WALLINGFORD AVE N SEATTLE, WA 98103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,050
BISHOP BLANCHET HIGH SCHOOL 8200 WALLINGFORD AVE N SEATTLE, WA 98103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULCRUM FOUNDATION710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ARCHDIOCESE OF SEATTLE 710 9TH AVENUE SEATTLE, WA 98104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
FULCRUM FOUNDATION710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULCRUM FOUNDATION710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL RESCUE COMMITTEE INC 100 SOUTH KING SUITE 570 SEATTLE, WA 98104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	174
PATH WITH ART312 2ND AVE S SEATTLE, WA 98104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 710 2ND AVE SUITE 900 SEATTLE, WA 98104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NW SARCOMA FOUNDATION A NON-PROFIT 220 SECOND AVE SOUTH 115 SEATTLE, WA 98104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE 300 SEATTLE, WA 98104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHCARE2500 NE 54TH STREET SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY DISTRICT SERVICE LEAGUE 5017 ROOSEVELT WAY NE SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
YOUTHCARE2500 NE 54TH STREET SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ETHIOPIA 1763 NW 62ND STREET SEATTLE, WA 98107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BORGEN PROJECT 1416 NW 46TH ST STE 105 PMB 145 SEATTLE, WA 98107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE BORGEN PROJECT 1416 NW 46TH ST STE 105 PMB 145 SEATTLE, WA 98107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PRO MUSICA 1770 NW 58TH ST STE 124 SEATTLE, WA 98107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	735
MUSEUM OF FLIGHT FOUNDATION 9404 E MARGINAL WAY SOUTH SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
LIFELONG AIDS ALLIANCE 210 S LUCILE ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIFELONG AIDS ALLIANCE 210 S LUCILE ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LIFELONG AIDS ALLIANCE 210 S LUCILE ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SEATTLE CHAMBER MUSIC FESTIVAL 10 HARRISON STREET 306 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTSFUND 10 HARRISON STREET SUITE 200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ARTSFUND 10 HARRISON STREET SUITE 200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CLASSICAL 98 1 10 HARRISON STREET SUITE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,355
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 112 FIFTH AVENUE NORTH SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ARTSFUND 10 HARRISON STREET SUITE 200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE N STE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,419
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62
SEATTLE CHAMBER MUSIC FESTIVAL 10 HARRISON STREET 306 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SEATTLE OPERA1020 JOHN ST SEATTLE, WA 98109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SHIRTS ACROSS AMERICA 500 YALE AVE N STE 212 SEATTLE, WA 98109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND SCHOOL8553 NE DAY ROAD BAINBRIDGE ISLAND, WA 98110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BAINBRIDGE SCHOOLS FOUNDATION 8489 MADISON AVE BAINBRIDGE ISLAND, WA 98110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHURCH OF MARY MAGDALENE PO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF MARY MAGDALENE PO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA MASON HEALTH SYSTEM PO BOX 1930 D1-MF SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
JUBILEE WOMENS CENTER 620 18TH AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MONTLAKE COMMUNITY SCHOOL ASSOCIATI 2409 22ND AVE E SEATTLE, WA 98112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE WA 98114 SEATTLE, WA 98114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE WA 98114 SEATTLE, WA 98114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 3120 RAINIER AVE S SEATTLE, WA 98114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF SEATTLE 6519 49TH AVE NE SEATTLE, WA 98115	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	180
GOODTIMES PROJECT 7400 SAND POINT WAY NE 101-S SEATTLE, WA 98115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
UNITED STATES CONFERENCE OF CATHOLI 232 WARREN AVE N SEATTLE, WA 98116	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 232 WARREN AVE N SEATTLE, WA 98116	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
UNITED STATES CONFERENCE OF CATHOLI 232 WARREN AVE N SEATTLE, WA 98116	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
GARFIELD JAZZ FOUNDATION 1512 46TH AVENUE SW SEATTLE, WA 98116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST HOPE & HEALING FOUNDATION PO BOX 16069 SEATTLE, WA 98116	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
HOLY ROSARY SCHOOL 4139 42ND AVENUE SW SEATTLE, WA 98116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY ROSARY SCHOOL 4139 42ND AVENUE SW SEATTLE, WA 98116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAGE AHEAD CHILDRENS LITERACY PRGM 1130 NW 85TH STREET SEATTLE, WA 98117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	199
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	523
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	297
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,600
BIKE WORKS SEATTLE 3709 S FERDINAND ST SEATTLE, WA 98118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE WORKS SEATTLE 3709 S FERDINAND ST SEATTLE, WA 98118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTHEAST SEATTLE EDUCATION COALITI 3829B S EDMUNDS BOX 9 SEATTLE, WA 98118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	185
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNE SCHOOL 101 WEST LEE STREET SEATTLE, WA 98119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,400
HOLOCAUST CENTER FOR HUMANITY 2045 SECOND AVENUE SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMENS FUNDING ALLIANCE 2101 4TH AVE SUITE 1330 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MOUNTAINS TO SOUND GREENWAY TR 2701 FIRST AVE SUITE 240 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOUNDED WARRIOR PROJECT INC 2200 ALASKAN WAY 130 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE MOUNTAINS TO SOUND GREENWAY TR 2701 FIRST AVE SUITE 240 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOLOCAUST CENTER FOR HUMANITY 2045 SECOND AVENUE SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	191
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUNDING ALLIANCE 2101 4TH AVE SUITE 1330 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
RECOVERY CAFE2022 BOREN AVENUE SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS FUNDING ALLIANCE 2101 4TH AVE SUITE 1330 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
CHOICES EDUCATION GROUP 3161 ELLIOTT AVE SUITE 315 SEATTLE, WA 98121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
SOUND CHILD CARE SOLUTIONS 1805 38TH AVE SEATTLE, WA 98122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF METROPOLITAN SEATTL 105 14TH AVENUE SUITE 200 SEATTLE, WA 98122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLWETHER HOUSING 1651 BELLEVUE AVE SEATTLE, WA 98122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CH DEVELOPMENT ASSOCIATION 1620 12TH AVE SEATTLE, WA 98122	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
GARFIELD HIGH SCHOOLPO BOX 22748 SEATTLE, WA 98122	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH HELPLINE 12736 33RD AVENUE NE SEATTLE, WA 98125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
NORTH HELPLINE 12736 33RD AVENUE NE SEATTLE, WA 98125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE KEY TO CHANGE 3421 SW ROXBURY STREET 206 SEATTLE, WA 98126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRANSITIONAL RESOURCES 2970 SW AVALON WAY SEATTLE, WA 98126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONAL RESOURCES 2970 SW AVALON WAY SEATTLE, WA 98126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
THE KEY TO CHANGE 3421 SW ROXBURY STREET 206 SEATTLE, WA 98126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE KEY TO CHANGE 3421 SW ROXBURY STREET 206 SEATTLE, WA 98126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTA MINISTRIES 19303 FREMONT AVE N MS 15 SEATTLE, WA 98133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRISTA MINISTRIES 19303 FREMONT AVE N MS 15 SEATTLE, WA 98133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE DALAI LAMA FOUNDATION 18579 BURKE AVE N SHORELINE, WA 98133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DALAI LAMA FOUNDATION 18579 BURKE AVE N SHORELINE, WA 98133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WASHINGTON STEM CENTER 210 SOUTH HUDSON STREET SEATTLE, WA 98134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
WASHINGTON STEM CENTER 210 SOUTH HUDSON STREET SEATTLE, WA 98134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMA VENTURES 900 1ST AVENUE SOUTH SUITE 307 SEATTLE, WA 98134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CARE RESOURCES 1225 SOUTH WELLER STREET SUITE 300 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CASA LATINA317 17TH AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
WELLSPRING FAMILY SERVICES 1900 RAINIER AVENUE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURES 2100 24TH AVENUE S SUITE 380 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
TREEHOUSE 2100 24TH AVENUE SOUTH 200 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMEN EMPOWERED 2524 16TH AVE S SUITE 301 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TECHNOLOGY ACCESS FOUNDATION 605 SW 108TH STREET SEATTLE, WA 98146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS 17801 INTERNATIONAL BLVD PMB313 SEATTLE, WA 98158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1215 FOURTH AVE STE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
JDRF INTERNATIONAL 1215 FOURTH AVE STE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1215 FOURTH AVE STE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1215 FOURTH AVE STE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
AMERICAN CIVIL LIBERTIES UNION OF W 901 5TH AVE STE 630 SEATTLE, WA 98164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
NEW BEGINNINGSPO BOX 75125 SEATTLE, WA 98175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,960
FINANCIAL BEGINNINGS WASHINGTON 530 INDUSTRY DR STE 240 TUKWILA, WA 98188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WASHINGTON FOUNDATION UNIVERSITY OF WASHINGTON SEATTLE, WA 98195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WASHINGTON FOUNDATION 325 NINTH AVE BOX 259950 SEATTLE, WA 98195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OUR LADY OF FATIMA SCHOOL 3301 WEST DRAVUS ST SEATTLE, WA 98199	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF FATIMA SCHOOL 3301 WEST DRAVUS ST SEATTLE, WA 98199	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
OUR LADY OF FATIMA SCHOOL 3301 WEST DRAVUS ST SEATTLE, WA 98199	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
ARTS COUNCIL OF SNOHOMISH COUNTY 2921 HOYT AVE EVERETT, WA 98201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,432
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3120 MCDOUGALL AVE STE 100 EVERETT, WA 98201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	579
AMERICAN CANCER SOCIETY INC 3120 MCDOUGALL AVE STE 100 EVERETT, WA 98201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
PTA EVERGREEN MIDDLE SCHOOL 7621 BEVERLY LANE EVERETT, WA 98203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WESTERN WASHINGTON UNIVERSITY FOUND 516 HIGH STREET MS 9034 BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
DAYS FOR GIRLS INTERNATIONAL 102 OHIO ST BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST YOUTH SERVICE 1020 NORTH STATE STREET BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 1825 CORNWALL AVE BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DAYS FOR GIRLS INTERNATIONAL 102 OHIO ST BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NON-GMO PROJECT 1155 N STATE ST STE 502 BELLINGHAM, WA 98225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LYDIA PLACE A NONPROFIT CORPORATION PO BOX 28487 BELLINGHAM, WA 98228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SECRET HARBORPO BOX 828 BURLINGTON, WA 98233	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR SERVICES OF ISLAND COUNTY PO BOX 939 FREELAND, WA 98249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MONROE PUBLIC SCHOOLS FOUNDATION 1408 WEST MAIN ST MONROE, WA 98272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY ACTION OF SKAGIT COUNTY 330 PACIFIC PLACE MOUNT VERNON, WA 98273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 5347 BREMERTON, WA 98312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KIWANIS CLUB OF PUYALLUP FOUNDATION PO BOX 451 PUYALLUP, WA 98371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
PUYALLUP FOOD BANKPO BOX 202 PUYALLUP, WA 98371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS CLUB OF PUYALLUP FOUNDATION PO BOX 451 PUYALLUP, WA 98371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	401
ALL SAINTS ELEMENTARY SCHOOL 504 2ND STREET SW PUYALLUP, WA 98371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
SWEET ADELINES INTERNATIONAL PO BOX 1853 SEQUIM, WA 98382	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEET ADELINES INTERNATIONAL PO BOX 1853 SEQUIM, WA 98382	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KITSAP HUMANE SOCIETY 9167 DICKEY RD NW SILVERDALE, WA 98383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY HEALTH CARE 1148 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 4802 SOUTH 19TH ST TACOMA, WA 98405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 98405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,540
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF SOUTH PUGET S 3875 S 66TH ST TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTH PUGET S 3875 S 66TH ST TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TACOMA-PIERCE COUNTY HUMANE SOCIETY 2608 CENTER ST TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KBTC ASSOCIATIONPO BOX 11024 TACOMA, WA 98411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TACOMA COMMUNITY HOUSE 1314 SOUTH L ST TACOMA, WA 98415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGENCY FOOD NETWORK OF TACOMA AN 3318 92ND ST S LAKEWOOD, WA 98499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION OF SOUTH PUGET 212 UNION AVENUE SE STE 102 OLYMPIA, WA 98501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAFEPLACE521 LEGION WAY SE OLYMPIA, WA 98501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ST PETER FOUNDATION 413 LILLY ROAD NE OLYMPIA, WA 98506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST MARY SCHOOL518 NORTH H STREET ABERDEEN, WA 98520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
SUN VALLEY JAZZ JAMBOREE INC PO BOX 309 BATTLE GROUND, WA 98604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINIC OF CAMAS PO BOX 1036 CAMAS, WA 98607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MAGGIES ANGELS INC 2019 NW SIERRA WAY CAMAS, WA 98607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAGGIES ANGELS INC 2019 NW SIERRA WAY CAMAS, WA 98607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 5109 NE 82ND AVENUE VANCOUVER, WA 98662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ORION FENCING 13504 NE 84TH STE 109 VANCOUVER, WA 98682	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW HOPE CHILDREN 1101 SE TECH CENTER DR STE 155 VANCOUVER, WA 98683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURTS FOR KIDSPO BOX 873786 VANCOUVER, WA 98687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
KNOLLS VISTA ELEMENTARY 454 W RIDGE RD MOSES LAKE, WA 98837	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	52
UNION GOSPEL MISSION OF YAKIMA WASH 1300 NORTH FIRST STREET YAKIMA, WA 98901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 650 UNIVERSITY PARKWAY YAKIMA, WA 98901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NEXT STEP HOUSING 2900 POWERHOUSE ROAD SUITE 120 YAKIMA, WA 98902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 21 WEST MEAD AVE STE 110 YAKIMA, WA 98902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE VALLEY HUB 19619 E CATALDO AVE GREENACRES, WA 99016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NORTHWEST NORTH POLE ADVENTURES PO BOX 410 VERADALE, WA 99037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOON LAKE FOOD BANK AND RESOURCE CE PO BOX 64 LOON LAKE, WA 99148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE PUBLIC RADIO 1229 N MONROE ST SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPARK CENTRAL1214 W SUMMIT PKWY SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SPOKANE HOOPFEST ASSOCIATION 421 W RIVERSIDE SUITE 115 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE HOOPFEST ASSOCIATION 421 W RIVERSIDE SUITE 115 SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 1126 N MONROE SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 1126 N MONROE SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS WITH FAMILIES AND CHILDREN 1321 W BROADWAY SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
PARTNERS WITH FAMILIES AND CHILDREN 1321 W BROADWAY SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EASTERN WASHINGTON STATE HISTORICAL 2316 WEST FIRST AVENUE SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 421 W RIVERSIDE STE 702 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SPARK CENTRAL1214 W SUMMIT PKWY SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	368
JUNIOR ACHIEVEMENT OF WASHINGTON 421 W RIVERSIDE STE 702 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARK CENTRAL1214 W SUMMIT PKWY SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
SPOKANE SYMPHONY SOCIETY 818 W RIVERSIDE AVE MEZZANINE SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN HEART ASSOCIATION INC 140 S ARTHUR ST SUITE 610 SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 140 S ARTHUR ST SUITE 610 SPOKANE, WA 99202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY 25 W NORA AVE 100 SPOKANE, WA 99205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
NATIONAL MULTIPLE SCLEROSIS SOCIETY 25 W NORA AVE 100 SPOKANE, WA 99205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 222 E INDIANA AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DISTRICT 17 COMMUNITY COLLEGES FOUN 501 N RIVERPOINT BLVD SPOKANE, WA 99217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION GOSPEL MISSION ASSOCIATION OF PO BOX 4066 SPOKANE, WA 99220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	575
UNION GOSPEL MISSION ASSOCIATION OF PO BOX 4066 SPOKANE, WA 99220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
SHALOM MINISTRIES INCPO BOX 4684 SPOKANE, WA 99220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAMES MUSIC CENTER 3910 WEST CUSTER DRIVE SPOKANE, WA 99224	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SPOKANE NEIGHBORHOOD ACTION PARTNER 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 99224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
SPOKANE NEIGHBORHOOD ACTION PARTNER 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 99224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE NEIGHBORHOOD ACTION PARTNER 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 99224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CORPORATION OF GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CORPORATION OF GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
JUNIOR ACHIEVEMENT OF WASHINGTON 6855 W CLEARWATER AVE A101-108 KENNEWICK, WA 99336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF WASHINGTON 6855 W CLEARWATER AVE A101-108 KENNEWICK, WA 99336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 6855 W CLEARWATER AVE A101-108 KENNEWICK, WA 99336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WHITMAN COLLEGE BOARD OF TRUSTEES 345 BOYER AVE WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
BLUE MOUNTAIN ACTION COUNCIL INC 1520 KELLY PLACE SUITE 140 WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE MOUNTAIN COMMUNITY FOUNDATION 22 E POPLAR ST 206 WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 213 S FIRST STREET WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
STUDENT HEALTH OPTIONS PO BOX 1075 WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FUNDRAISING PROFESSI PO BOX 20111 ANCHORAGE, AK 99520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	369
AMERICAN YOUTH FOOTBALL INC PO BOX 33 BRICK, NJ 872360727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENTS AND TEACHERS ASSOCIATION IN 292 GREENWICH ST NEW YORK, NY 100071001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,550
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,725
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	93
FRANKLIN MIDDLE 3300 LEES CORNER RD CHANTILLY, VA 201513100	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ROCK SPRINGS ELEMENTARY 3633 HIGHWAY 16 NORTH DENVER, NC 280370279	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	448
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	225
HEMBY BRIDGE ELEMENTARY 6701 INDIAN TRL-FAIRVIEW RD INDIAN TRAIL, NC 280799526	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY PUBLIC SCHOOLS 110 CLONTZ ROAD MONROE, NC 281109029	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	105
EAST ROWAN HIGH 175 ST LUKES CHURCH RD SALISBURY, NC 281467610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
STANLEY MIDDLE317 HOVIS RD STANLEY, NC 281641413	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK TRADITIONAL 2132 RADCLIFFE AVE CHARLOTTE, NC 282072406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,044
MYERS PARK TRADITIONAL 2132 RADCLIFFE AVE CHARLOTTE, NC 282072406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,639
MYERS PARK TRADITIONAL 2132 RADCLIFFE AVE CHARLOTTE, NC 282072406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	6,068
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARRINGER ACADEMIC CENTER 1500 WALTON RD CHARLOTTE, NC 282086931	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,225
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	525
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	390
BAIN ELEMENTARY 11540 BAIN SCHOOL RD CHARLOTTE, NC 282277552	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCALPINE ELEMENTARY 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	210
MCALPINE ELEMENTARY 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
GOLD HILL ELEMENTARY 1000 DAVID GIBSON BLVD FORT MILL, SC 297158484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON ELEMENTARY SCHOOL 1325 MOUNT PARAN ROAD NW ATLANTA, GA 303273705	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
SMITH ELEMENTARY SCHOOL 370 OLD IVY ROAD NE ATLANTA, GA 303424546	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	132
KIRBY-SMITH MIDDLE SCHOOL 2034 HUBBARD ST JACKSONVILLE, FL 322063798	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUME - FOGG HIGH700 BROADWAY NASHVILLE, TN 372033937	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
MINER SCHOOL1101 E MINER ST ARLINGTON HEIGHTS, IL 600046337	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
EAST HIGH2301 E DOUGLAS WICHITA, KS 672111613	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPPELL ISD 260 SOUTHWESTERN BLVD COPPELL, TX 750194519	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
CHANDLER HIGH SCHOOL 350 N ARIZONA AVE CHANDLER, AZ 852244699	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
LUPIN HILL ELEMENTARY 26210 ADAMOR RD CALABASAS, CA 913021006	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,415
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPIN HILL ELEMENTARY 26210 ADAMOR RD CALABASAS, CA 913021006	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,840
ARGONNE ELEMENTARY680 18TH AVE SAN FRANCISCO, CA 941213818	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,400
PARENTS CLUB WEST PORTAL SCHOOL 5 LENOX WAY SAN FRANCISCO, CA 941271111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI 2200 HOLBROOK DR DANVILLE, CA 945064413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
SAN RAMON VALLEY EDUCATION FOUNDATI 2200 HOLBROOK DR DANVILLE, CA 945064413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DUBLIN HIGH8151 VILLAGE PKWY DUBLIN, CA 945681656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4420 CARVER WOODS DRIVE BLUE ASH, OH 452085242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 4420 CARVER WOODS DRIVE BLUE ASH, OH 452085242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PORTLAND ROSE FESTIVAL FOUNDATION 1020 SW NAITO PARKWAY PORTLAND, OR 972043203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMIGOS DE LOS ANIMALES INC HC 2 BOX 7622 LOIZA, PR 007729659	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
VIRGIN ISLANDS MONTESSORI SCHOOL IN 6936 VESSUP LN ST THOMAS, VI 008021001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
VIRGIN ISLANDS MONTESSORI SCHOOL IN 6936 VESSUP LN ST THOMAS, VI 008021001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTILLES SCHOOL INC 7280 FRENCHMANS BAY 16-1 ST THOMAS, VI 008022809	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
WATER ISLAND SEARCH AND RESCUE INC 10 WATER ISLAND ST THOMAS, VI 008027800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
WOMEN S COALITION OF ST CROIX INC PO BOX 222734 CHRISTIANSTED, VI 008222734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE VIRGIN ISLANDS NATIO PO BOX 811 ST JOHN, VI 008310811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE VIRGIN ISLANDS NATIO PO BOX 811 ST JOHN, VI 008310811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIFFT HILL SCHOOL INCPO BOX 1657 ST JOHN, VI 008311657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFFT HILL SCHOOL INCPO BOX 1657 ST JOHN, VI 008311657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 009023554	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	440
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 009023554	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 009023554	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
LIGA ESTUDIANTES DE ARTE DE SAN JUA PO BOX 9023804 SAN JUAN, PR 009023804	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SAINT JOHNS SCHOOL 1466 ASHFORD AVE SAN JUAN, PR 009070000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIDOS POR LA IGUALDAD PUERTO RICO PO BOX 9501 SAN JUAN, PR 009080501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RICKY MARTIN FOUNDATION CORP PO BOX 13534 SAN JUAN, PR 009083534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,150
MUSEO DE ARTE DE PUERTO RICO INC 299 AVE DE DIEGO SAN JUAN, PR 009091766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA FONDITA DE JESUSPO BOX 19384 SAN JUAN, PR 009101384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ASESORES FINANCIEROS COMUNITARIOS I PO BOX 192726 SAN JUAN, PR 009192726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALL SATOS RESCUE INCORPORATED PO BOX 194000 PMB 595 SAN JUAN, PR 009194000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTO DE COMPETITIVIDAD Y SOSTE PO BOX 195477 SAN JUAN, PR 009195477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ACADEMIA MARIA REINA 1879 GLASGOW ST URB COLLEGE PARK SAN JUAN, PR 009214899	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,884
FUNDACION SILA M CALDERON INC URB SANTA RITA1012 CALLE GONZA SAN JUAN, PR 009250000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUNDACION CHANA GOLDSTEIN Y SAMUEL 776 AVE PONCE DE LEON SAN JUAN, PR 009252207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FUNDACION CHANA GOLDSTEIN Y SAMUEL 776 AVE PONCE DE LEON SAN JUAN, PR 009252207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN, PR 009270000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN, PR 009270000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN, PR 009270000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN, PR 009270000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROYECTO AURORA INC 215 CALLE CORNELL SAN JUAN, PR 009274124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COLEGIO SAN JOSE MARIANIST CORP PO BOX 21300 SAN JUAN, PR 009281300	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
MUSEO DE ARTE CONTEMPORANEO DE PUER PO BOX 362377 SAN JUAN, PR 009362377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTO PSICOPEDAGOGICO DE PUERTO PO BOX 363744 SAN JUAN, PR 009363744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
INSTITUTO PSICOPEDAGOGICO DE PUERTO PO BOX 363744 SAN JUAN, PR 009363744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FOUNDATION FOR PUERTO RICO INC PO BOX 364029 SAN JUAN, PR 009364029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUERTO RICO COMMUNITY FOUNDATION IN PO BOX 70362 SAN JUAN, PR 009368362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NINOS DE NUEVA ESPERANZA INC PO BOX 89 SABANA SECA, PR 009520089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSIDAD CENTRAL DE BAYAMON INC PO BOX 1725 BAYAMON, PR 009601725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALDWIN SCHOOL OF PUERTO RICO INC PO BOX 1827 BAYAMON, PR 009601827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
JOSE JAIME PIERLUISI FOUNDATION INC 1353 RD 19 PMB 301 GUAYNABO, PR 009660000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF PUERTO RICO I PO BOX 79526 CAROLINA, PR 009849526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,308
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS 101 UNIVERSITY DR STE A4 AMHERST, MA 010022385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL YIDDISH BOOK CENTER INC 1021 WEST ST AMHERST, MA 010023375	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,193
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,121
UNIVERSITY OF MASSACHUSETTS AT AMHE 134 HICKS WAY AMHERST, MA 010039270	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KESTREL LAND TRPO BOX 1016 AMHERST, MA 010041016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CLAPP MEMORIAL LIBRARY INC 19 S MAIN ST BELCHERTOWN, MA 010070627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD ST CHICOPEE, MA 010132837	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD ST CHICOPEE, MA 010132837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVE EASTHAMPTON, MA 010272213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
COUNTRY DANCE & SONG SOCIETY INC 116 PLEASANT ST STE 345 EASTHAMPTON, MA 010272759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE HILL FOUNDATION OF MASSACHUSE PO BOX 116 HARDWICK, MA 010370116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
THE FOOD BANK OF WESTERN MASSACHUSE 97 NORTH HATFIELD RD HATFIELD, MA 010380160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HOLYOKE COMMUNITY COLLEGE FOUNDATIO 303 HOMESTEAD AVE HOLYOKE, MA 010401091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLYOKE COMMUNITY COLLEGE FOUNDATIO 303 HOMESTEAD AVE HOLYOKE, MA 010401091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,213
CRUDEM FOUNDATIONPO BOX 804 LUDLOW, MA 010560804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CRUDEM FOUNDATIONPO BOX 804 LUDLOW, MA 010560804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF FATIMA PARISH 438 WINSOR ST LUDLOW, MA 010563531	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
SAFE PASSAGE INC 43 CENTER STREET STE G NORTHAMPTON, MA 010603063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SAFE PASSAGE INC 43 CENTER STREET STE G NORTHAMPTON, MA 010603063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNAE ASSOCIATION OF SMITH COLLEG 33 ELM ST NORTHAMPTON, MA 010633702	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,125
ALUMNAE ASSOCIATION OF SMITH COLLEG 33 ELM ST NORTHAMPTON, MA 010633702	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET - OFFICE OF DEVELOPMENT SOUTH HADLEY, MA 010751486	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET - OFFICE OF DEVELOPMENT SOUTH HADLEY, MA 010751486	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,962
STANLEY PARK OF WESTFIELD INC 400 WESTERN AVENUE WESTFIELD, MA 010852521	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 268 COLD SPRING AVE W SPRINGFIELD, MA 010893465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENADE BOSTON INC C/O KAREN BLINDERMAN PO BOX 958 WEST SPRINGFIELD, MA 010900958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
WILBRAHAM & MONSON ACADEMY 423 MAIN ST WILBRAHAM, MA 010951699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
OPEN PANTRY COMMUNITY SERVICE INC PO BOX 5127 SPRINGFIELD, MA 011015127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAKIN PIONEER VALLEY HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 011016307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DAKIN PIONEER VALLEY HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 011016307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
DAKIN PIONEER VALLEY HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 011016307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC BISHOP OF SPRINGFIEL 65 ELLIOT ST PO BOX 1730 SPRINGFIELD, MA 011021730	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SPRINGFIELD RESCUE MISSION INC PO BOX 9045 SPRINGFIELD, MA 011029045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
WGBH EDUCATIONAL FOUNDATION 44 HAMPDEN STREET SPRINGFIELD, MA 011031286	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS ST SPRINGFIELD, MA 011031548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
AMERICAN LUNG ASSOCIATION OF MASSAC 393 MAPLE STREET SPRINGFIELD, MA 011051954	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
BAY PATH UNIVERSITY 588 LONGMEADOW ST LONGMEADOW, MA 011062212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY PATH UNIVERSITY 588 LONGMEADOW ST LONGMEADOW, MA 011062212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
BAY PATH UNIVERSITY 588 LONGMEADOW ST LONGMEADOW, MA 011062212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
BAY PATH UNIVERSITY 588 LONGMEADOW ST LONGMEADOW, MA 011062212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOROIDEREMIA RESEARCH FOUNDATION I 23 E BRUNDRETH ST SPRINGFIELD, MA 011092110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHOROIDEREMIA RESEARCH FOUNDATION I 23 E BRUNDRETH ST SPRINGFIELD, MA 011092110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHOROIDEREMIA RESEARCH FOUNDATION I 23 E BRUNDRETH ST SPRINGFIELD, MA 011092110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,666
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH FREEMAN CENTER INC 43 FRANCIS AVE PITTSFIELD, MA 012015053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DOWNTOWN PITTSFIELD CULTURAL ASSOCI 33 DUNHAM MAL SUITE 101 PITTSFIELD, MA 012016207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACOBS PILLOW DANCE FESTIVAL INC 358 GEORGE CARTER RD BECKET, MA 012230000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT BARRINGTON RUDOLF STEINER SCH 35 W PLAIN RD GT BARRINGTON, MA 012301573	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
GREAT BARRINGTON RUDOLF STEINER SCH 35 W PLAIN RD GT BARRINGTON, MA 012301573	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MONTEREY FIRE COMPANY LTD PO BOX 99 MONTEREY, MA 012450099	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS MUSEUM OF CONTEMPORAR 1040 MASS MOCA WAY NORTH ADAMS, MA 012472402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FARM EDUCATION INC816 BARNUM ST SHEFFIELD, MA 012579662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FARM EDUCATION INC816 BARNUM ST SHEFFIELD, MA 012579662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KRIPALU CENTER FOR YOGA & HEALTH IN PO BOX 309 STOCKBRIDGE, MA 012620309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WILLIAMSTOWN THEATRE FOUNDATION INC PO BOX 517 WILLIAMSTOWN, MA 012670517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
STONELEIGH BURNHAM SCHOOL 574 BERNARDSTON ROAD GREENFIELD, MA 013011102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN COUNTY COMMUNITY MEALS PRO PO BOX 172 GREENFIELD, MA 013020172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HILLTOWN LAND TRUST INC 332 BULLITT RD ASHFIELD, MA 013309767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
POLKA MUSIC PRESERVATION SOCIETY IN 1D TINA DR SOUTH DEERFIELD, MA 013731032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MIDDLESEX COUNTY FOUNDATION INC 1031 ERICKSON RD ASHBY, MA 014312063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVENS HISTORICAL MUSEUM 94 JACKSON ROAD DEVENS, MA 014344011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GROTON DUNSTABLE EDUCATION FOUNDATI PO BOX 322 GROTON, MA 014500322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GROTON DUNSTABLE EDUCATION FOUNDATI PO BOX 322 GROTON, MA 014500322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROTON CONSERVATION TRUST PO BOX 395 GROTON, MA 014500395	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,691
TRUSTEES OF THE LAWRENCE ACADEMY AT 26 POWDERHOUSE ROAD PO BOX 992 GROTON, MA 014500992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LITTLETON SCIENCE TECHNOLOGY ENGINE PO BOX 291 LITTLETON, MA 014600291	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST CONCERN PREGNANCY RESOURCE CE PO BOX 904 CLINTON, MA 015106904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUGH OBRIAN YOUTH LEADERSHIP 13 BARBARA JEAN ST GRAFTON, MA 015191029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BARTON CENTER FOR DIABETES EDUCATIO PO BOX 356 NORTH OXFORD, MA 015370356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTON CENTER FOR DIABETES EDUCATIO PO BOX 356 NORTH OXFORD, MA 015370356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BARTON CENTER FOR DIABETES EDUCATIO PO BOX 356 NORTH OXFORD, MA 015370356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BARTON CENTER FOR DIABETES EDUCATIO PO BOX 356 NORTH OXFORD, MA 015370356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHREWSBURY MONTESSORI SCHOOL CORPOR 55 OAK ST SHREWSBURY, MA 015452733	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SHREWSBURY MONTESSORI SCHOOL CORPOR 55 OAK ST SHREWSBURY, MA 015452733	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
SHREWSBURY MONTESSORI SCHOOL CORPOR 55 OAK ST SHREWSBURY, MA 015452733	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TPKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIVIUM SCHOOLPO BOX 597 SOUTH LANCASTER, MA 015610597	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,300
TRIVIUM SCHOOLPO BOX 597 SOUTH LANCASTER, MA 015610597	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
GLOBAL HEALTH INTERACTION INC 30 SEDUM LN UXBRIDGE, MA 015691133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SYMPHONY ORCHESTRA IN PO BOX 20070 WEST SIDE STATION WORCESTER, MA 016020070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ASCENTRIA CARE ALLIANCE INC 14 EAST WORCESTER ST SUITE 300 WORCESTER, MA 016043612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
FRIENDLY HOUSE INC36 WALL ST WORCESTER, MA 016043740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVITY SCHOOL OF WORCESTER INC 67 LINCOLN STREET WORCESTER, MA 016052634	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
NATIVITY SCHOOL OF WORCESTER INC 67 LINCOLN STREET WORCESTER, MA 016052634	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WORCESTER COMPREHENSIVE CHILD CARE 160 TACOMA ST WORCESTER, MA 016053500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULAN PERFORMING ARTS ASSOCIATION 9 SNOWY OWL LN WORCESTER, MA 016054020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF CENTRAL AND WESTERN 81 GOLD STAR BLVD WORCESTER, MA 016062813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
GIRL SCOUTS OF CENTRAL AND WESTERN 81 GOLD STAR BLVD WORCESTER, MA 016062813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC WORCESTER INC 319 MAIN STREET WORCESTER, MA 016081511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WORCESTER COUNTY MECHANICS ASSOCIAT 321 MAIN ST WORCESTER, MA 016081522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL MASSACHUSETTS DENHOLM BUILDING 484 MAIN ST SUITE 300 WORCESTER, MA 016081880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF CENTRAL MASSACHUSETTS DENHOLM BUILDING 484 MAIN ST SUITE 300 WORCESTER, MA 016081880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
WORCESTER CENTER FOR PERFORMING ART 2 SOUTHBRIDGE STREET WORCESTER, MA 016082014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA CENTRAL MASSACHUSETTS INC 1 SALEM SQ WORCESTER, MA 016082015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER ART MUSEUM 55 SALISBURY ST WORCESTER, MA 016093196	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CLARK UNIVERSITY950 MAIN STREET WORCESTER, MA 016101477	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,985
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,171
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,150
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 766 MAIN STREET WORCESTER, MA 016103161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 766 MAIN STREET WORCESTER, MA 016103161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CLEARWAY CLINIC INCPO BOX 534 WORCESTER, MA 016130534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF NEW ENGLAND INC 40 SPEEN ST SUITE 101 FRAMINGHAM, MA 017011898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
PITTILOVE RESCUE INC 10 ARBETTER DR FRAMINGHAM, MA 017012719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 1661 WORCESTER ROAD SUITE 301 FRAMINGHAM, MA 017015405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 1661 WORCESTER ROAD SUITE 301 FRAMINGHAM, MA 017015405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OUT METROWEST INCPO BOX 2122 FRAMINGHAM, MA 017032122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF MASSACHUSETTS INC PO BOX 524 ACTON, MA 017200524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ACTON BOXBORO YOUTH HOCKEY ASSOCIAT PO BOX 629 ACTON, MA 017200629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MINUTEMAN SENIOR SERVICES INC 26 CROSBY DR BEDFORD, MA 017300000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHISKERS OF HOPE INCPO BOX 2 BEDFORD, MA 017300002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
NASHOBA LEARNING GROUP INC 10 OAK PARK DR BEDFORD, MA 017301414	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
ROBERT P PUBLICOVER MEMORIAL FUND PO BOX 66 BOLTON, MA 017400066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PERSONS PARK INC PO BOX 306 BOLTON, MA 017400306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MIDDLESEX SCHOOL 1400 LOWELL ROAD CONCORD, MA 017425210	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
CONCORD CONSERVATORY OF MUSIC PO BOX 1258 CONCORD, MA 017421258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD PIECEMAKERSPO BOX 1381 CONCORD, MA 017421381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONCORD CARLISLE HIGH SCHOOL PARENT 500 WALDEN STREET CONCORD, MA 017422807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONCORD CHILDRENS CENTER INC 1300 MAIN ST CONCORD, MA 017423027	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,483
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BAYPATH HUMANE SOCIETY OF HOPKINTON PO BOX 23 HOPKINTON, MA 017480023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIVE FOR EVANPO BOX 845 HOPKINTON, MA 017480845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MICHAEL LISNOW RESPITE CENTER I 112 MAIN ST HOPKINTON, MA 017481137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE MICHAEL LISNOW RESPITE CENTER I 112 MAIN ST HOPKINTON, MA 017481137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
THE MICHAEL LISNOW RESPITE CENTER I 112 MAIN ST HOPKINTON, MA 017481137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,985
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EMPLOYMENT OPTIONS INC 82 BRIGHAM STREET MARLBOROUGH, MA 017523137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINA BIFIDA ASSOCIATION OF GREATER 219 E MAIN ST STE 100B MILFORD, MA 017572823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SPARK KINDNESS INCPO BOX 823 NATICK, MA 017600008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,475
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
WALNUT HILL SCHOOL FOR THE ARTS 12 HIGHLAND ST NATICK, MA 017602140	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE METROWEST INC PO BOX 847 NATICK, MA 017604701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK'S SCHOOL 25 MARLBORO ROAD SOUTHBOROUGH, MA 017721207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
FAY SCHOOL48 MAIN ST SOUTHBORO, MA 017721509	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 017733104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 017733104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUDBURY COMMUNITY FOOD PANTRY PO BOX 751 SUDBURY, MA 017760751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LINCOLN SUDBURY SENIOR SAFE NIGHT I 390 LINCOLN RD SUDBURY, MA 017761409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUDBURY EXTENDED DAY INC 327 CONCORD RD SUDBURY, MA 017761820	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUDBURY VALLEY TRUSTEES INC 18 WOLBACH RD SUDBURY, MA 017762429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EPHRAIM CURTIS MIDDLE 22 PRATTS MILL RD SUDBURY, MA 017762623	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
BUDDY DOG HUMANE SOCIETY INC 151 BOSTON POST RD SUDBURY, MA 017763173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE MASS INCORPORATED 66 DUDLEY RD SUDBURY, MA 017763324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LORING PARENT TEACHER ORGANIZATION 80 WOODSIDE RD SUDBURY, MA 017763486	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
WAYLAND PUBLIC SCHOOLS FOUNDATION I PO BOX 97 WAYLAND, MA 017780097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPKINTON PUBLIC LIBRARY FOUNDATION PO BOX 16 WOODVILLE, MA 017840016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUPPORTIVE LIVING INC 400 W CUMMINGS PARK 6100 WOBURN, MA 018014936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
SUPPORTIVE LIVING INC 400 W CUMMINGS PARK 6100 WOBURN, MA 018014936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE LIVING INC 400 W CUMMINGS PARK 6100 WOBURN, MA 018014936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
GREATER BOSTON CHAPTER OF UNITED SP 2 REHABILITATION WAY WOBURN, MA 018016003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEACHING AND LEARNING ALLIANCE INC 800 W CUMMINGS PARK STE 5900 WOBURN, MA 018016250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEUROFIBROMATOSIS INCORPORATED NORT 9 BEDFORD ST BURLINGTON, MA 018033702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	279
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
PIKE SCHOOL INCSUNSET ROCK ROAD ANDOVER, MA 01810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,693
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LAWRENCE KIWANIS CLUB FOUND PO BOX 3068 ANDOVER, MA 018100802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PROFESSIONAL CENTER FOR HANDICAPPED 32 OSGOOD ST ANDOVER, MA 018105411	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LIFELINKS INC285 MILL RD CHELMSFORD, MA 018244105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	82
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAILING HEALS INC5 WINCHESTER ST HAVERHILL, MA 018358123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUNDWORK LAWRENCE INC 50 ISLAND STREET SUITE 101 LAWRENCE, MA 018401835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 60 ISLAND STREET 2ND FLOOR EAST LAWRENCE, MA 018401835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
ACTING OUT THEATER COMPANY 60 ISLAND ST LAWRENCE, MA 018401835	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTING OUT THEATER COMPANY 60 ISLAND ST LAWRENCE, MA 018401835	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOWELL COMMUNITY LOAN FUND INC 50 ISLAND ST APT 103 LAWRENCE, MA 018401869	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
LAWRENCE GENERAL HOSPITAL 1 GENERAL ST LAWRENCE, MA 018412961	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE BOYS CLUB & GIRLS CLUB INC 136 WATER ST LAWRENCE, MA 018414722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LAWRENCE BOYS CLUB & GIRLS CLUB INC 136 WATER ST LAWRENCE, MA 018414722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ELDER SERVICES OF THE MERRIMACK VAL 280 MERRIMACK STREET STE 400 LAWRENCE, MA 018431740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ISLAMIC ACADEMY FOR PEACE 125 OAKLAND AVENUE METHUEN, MA 018443649	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE ISLAMIC ACADEMY FOR PEACE 125 OAKLAND AVENUE METHUEN, MA 018443649	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,950
JOSEPH N HERMANN YOUTH CENTER INC PO BOX 215 NORTH ANDOVER, MA 018450215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH ANDOVER SCHOLARSHIP FOUNDATIO P O BOX 524 NORTH ANDOVER, MA 018450524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SCHOOL YEAR ABROAD INC 120 WATER ST 310 NORTH ANDOVER, MA 018452650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
SCHOOL YEAR ABROAD INC 120 WATER ST 310 NORTH ANDOVER, MA 018452650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL YEAR ABROAD INC 120 WATER ST 310 NORTH ANDOVER, MA 018452650	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
MERRIMACK COLLEGE 315 TURNPIKE STREET MS A8 NORTH ANDOVER, MA 018455806	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
UNICO MERRIMACK VALLEY FOUNDATION I 40 BAYFIELD DR NORTH ANDOVER, MA 018456016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STE JEANNE DARC SCHOOL OF LOWELL MA 68 DRACUT ST LOWELL, MA 018542417	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BILLERICA CAT CARE COALITION PO BOX 141 N BILLERICA, MA 018620141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ITALIAN GREYHOUND RESCUE FOUNDATION 7 DAMON ST NORTH READING, MA 018642210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH EAST EDUCATIONAL AND DEVELOPM 1390 MAIN ST TEWKSBURY, MA 018762269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GREENWOOD SCHOOL PTO 1030 MAIN ST WAKEFIELD, MA 018803928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREENWOOD SCHOOL PTO 1030 MAIN ST WAKEFIELD, MA 018803928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWOOD SCHOOL PTO 1030 MAIN ST WAKEFIELD, MA 018803928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
ANGEL FUND INC649 MAIN ST WAKEFIELD, MA 018805203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CLIMB FOR A CHILDPO BOX 1424 WESTFORD, MA 018864924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION NEW ENGLAND INC 335 MAIN ST WILMINGTON, MA 018872770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EPILEPSY FOUNDATION NEW ENGLAND INC 335 MAIN ST WILMINGTON, MA 018872770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EPILEPSY FOUNDATION NEW ENGLAND INC 335 MAIN ST WILMINGTON, MA 018872770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	256
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURACO ELEMENTARY SCHOOL PARENTS AS 33 BATES RD WINCHESTER, MA 018901211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 018901446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 018901446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 018901446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMBROSE PARENT TEACHER ORGANIZATION 27 HIGH ST WINCHESTER, MA 018903311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM HOUSING PATHWAYS INC 22 WILLOWDALE RD WINCHESTER, MA 018904048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER COMMUNITY MUSIC SCHOOL T 407 HIGHLAND AVENUE WINCHESTER, MA 018904050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WINCHESTER COMMUNITY MUSIC SCHOOL T 407 HIGHLAND AVENUE WINCHESTER, MA 018904050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MY BROTHERS TABLE INC 98 WILLOW ST LYNN, MA 019011109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAW ART WORKS INC 37 CENTRAL SQUARE LYNN, MA 019011379	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
RAW ART WORKS INC 37 CENTRAL SQUARE LYNN, MA 019011379	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
HAVEN PROJECT INC57 MUNROE ST LYNN, MA 019011506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF LYNN 25 NORTH COMMON STREET LYNN, MA 019024391	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
THE ALEX FOUNDATION INC 30 CURRY CIR SWAMPSCOTT, MA 019071810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OUR NEIGHBORS TABLEPO BOX 592 AMESBURY, MA 019130013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MASSACHUSETTS PARENT-TEACHER AS 20 S HAMPTON RD AMESBURY, MA 019131141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
NORTH SHORE NURSERY SCHOOL INC 204 GREENWOOD AVE BEVERLY, MA 019152115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BEVERLY BOOTSTRAPS COMMUNITY SERVIC 35 PARK ST BEVERLY, MA 019153357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOOPER FUND FOR MANCHESTER CHILDREN 8 WASHINGTON ST BEVERLY, MA 019155820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GOVERNOR DUMMER ACADEMY 1 ELM STREET BYFIELD, MA 019222734	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ESSEX COUNTY COMMUNITY FOUNDATION I 175 ANDOVER ST STE 101 DANVERS, MA 019231443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESSEX COUNTY COMMUNITY FOUNDATION I 175 ANDOVER ST STE 101 DANVERS, MA 019231443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ESSEX COUNTY COMMUNITY FOUNDATION I 175 ANDOVER ST STE 101 DANVERS, MA 019231443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ESSEX COUNTY COMMUNITY FOUNDATION I 175 ANDOVER ST STE 101 DANVERS, MA 019231443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE DIMENSIONS INC 75 SYLVAN ST SUITE B-102 DANVERS, MA 019232764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ESSEX COUNTY GREEN BELT ASSOCIATION 82 EASTERN AVE ESSEX, MA 019291329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE OPEN DOOR CAPE ANN FOOD PANTRY 28 EMERSON AVE GLOUCESTER, MA 019302583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOUCESTER STAGE CO INC 267 E MAIN ST GLOUCESTER, MA 019304141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GLOUCESTER STAGE CO INC 267 E MAIN ST GLOUCESTER, MA 019304141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GLOUCESTER STAGE CO INC 267 E MAIN ST GLOUCESTER, MA 019304141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHYLLIS A MARINE ASSOCIATION 81 ROCKY NECK AVE GLOUCESTER, MA 019304180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAPE ANN MUSEUM INC 27 PLEASANT ST GLOUCESTER, MA 019305909	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BACKYARD GROWERS INC269 MAIN ST GLOUCESTER, MA 019306006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE CENTER INCPO BOX 135 GLOUCESTER, MA 019310135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE LYNNFIELD PUBLIC LIB 18 SUMMER ST LYNNFIELD, MA 019401837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
MANCHESTER HISTORICAL SOCIETY 10 UNION ST MANCHESTER, MA 019441553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEN DOHERTY MEMORIAL FOUNDATION IN 27 MOHAWK ROAD MARBLEHEAD, MA 019451003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TOWER SCHOOL IN MARBLEHEAD INC 75 W SHORE DR MARBLEHEAD, MA 019451256	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,746
FRIENDS OF THE MARBLEHEAD COUNCIL O 10 HUMPHREY ST MARBLEHEAD, MA 019451906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARBLEHEAD FOOD PANTRY INC 80 ATLANTIC AVE MARBLEHEAD, MA 019453036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST MICHAELS HISTORIC PRESERVATION F 26 PLEASANT ST MARBLEHEAD, MA 019453432	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,013
CURE SPG47 INC24R PLEASANT ST NEWBURYPORT, MA 019500000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 13 MARKET ST NEWBURYPORT, MA 019502523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HISTORICAL SOCIETY OF OLD NEWBURY 98 HIGH ST NEWBURYPORT, MA 019503053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISTORICAL SOCIETY OF OLD NEWBURY 98 HIGH ST NEWBURYPORT, MA 019503053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOF OVER HEAD COLLABORATIVE PO BOX 1573 NEWBURYPORT, MA 019508573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MELANOMA EDUCATION FOUNDATION INC PO BOX 2023 PEABODY, MA 019607023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS FRIEND AND FAMILY SERVICE 110 BOSTON ST SALEM, MA 019701402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
NATIONAL SOCIETY OF THE DAUGHTERS O 11 PARSONS HILL RD WENHAM, MA 019841821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MUSICCOUNTS IN CANTONPO BOX 182 CANTON, MA 020210182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSICCOUNTS IN CANTONPO BOX 182 CANTON, MA 020210182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW ENGLAND HEMOPHILIA ASSOCIATION 347 WASHINGTON ST STE 402 DEDHAM, MA 020261862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
RASHI SCHOOL INC 8000 GREAT MEADOW RD DEDHAM, MA 020264091	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEDHAM COMMUNITY ASSOCIATION INC 671 HIGH ST DEDHAM, MA 020264111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DEDHAM COMMUNITY ASSOCIATION INC 671 HIGH ST DEDHAM, MA 020264111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RODMAN RIDE FOR KIDS INC 10 LINCOLN ROAD FOXBORO, MA 020351382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,662
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RODMAN RIDE FOR KIDS INC 10 LINCOLN ROAD FOXBORO, MA 020351382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	788
RODMAN RIDE FOR KIDS INC 10 LINCOLN ROAD FOXBORO, MA 020351382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
RODMAN RIDE FOR KIDS INC 10 LINCOLN ROAD FOXBORO, MA 020351382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEAN COLLEGE99 MAIN ST FRANKLIN, MA 020381941	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DEAN COLLEGE99 MAIN ST FRANKLIN, MA 020381941	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,150
WELLSPRING INC814 NANTASKET AVE HULL, MA 020451533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANSFIELD SHELTER FRIENDS INC PO BOX 25 MANSFIELD, MA 020480025	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
SOUTHEASTERN MASSACHUSETTS REGIONAL PO BOX 55 MANSFIELD, MA 020480055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MEDFIELD COALITION FOR PUBLIC EDUCA PO BOX 452 MEDFIELD, MA 020521907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWER HER INCPO BOX 395 N SCITUATE, MA 020600395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EVAN HENRY FOUNDATION FOR AUTISM PO BOX 930 NORWELL, MA 020610930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	760
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CIRCLE OF HOPE FOUNDATION PO BOX 421 NORWOOD, MA 020620421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SCITUATE SHELTER INC 780 CHIEF JUSTICE CUSHING HWY RT 3A SCITUATE, MA 02066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCITUATE YOUTH CENTER INC PO BOX 757 SCITUATE, MA 020660757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE SCITUATE TOWN LIBRAR 85 BRANCH ST SCITUATE, MA 020662534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SCITUATE TOWN LIBRAR 85 BRANCH ST SCITUATE, MA 020662534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MAXWELL CONSERVATION TRUST LTD 292 CLAPP RD SCITUATE, MA 020663004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC PO BOX 47 SCITUATE, MA 020663100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLY SCHOOL INC46 WATCH HILL DR SCITUATE, MA 020664457	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
INLY SCHOOL INC46 WATCH HILL DR SCITUATE, MA 020664457	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
GIFTS FOR KIDS INCPO BOX 464 SHARON, MA 020670464	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TANZANIA SCHOOL FOUNDATION INC 2 CANTON ST STE 222 STOUGHTON, MA 020722878	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE WRENTHAM LIONS CLUB FOUNDATION 5 LYNDON RD WRENTHAM, MA 020931159	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
GILLY S HOUSE INCPO BOX 110 WRENTHAM, MA 020931886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADVENT SCHOOL 15 BRIMMER STREET BOSTON, MA 021081034	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL SOCIETY OF COLONIAL DAMES 55 BEACON ST BOSTON, MA 021080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEVEN AND EIGHT PARK STREET FOUNDAT 121 MOUNT VERNON STREET BOSTON, MA 021081104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS HOUSING & PLANNING ASSOCIA 18 TREMONT ST STE 401 BOSTON, MA 021082305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 021082601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	305
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 021082601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL TRUST FOR SCOTLAND FOU 45 SCHOOL ST 3RD FLR BOSTON, MA 021083206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOUR PAWS INTERNATIONAL INC 6 BEACON ST STE 1110 BOSTON, MA 021083813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BOSTON LATIN SCHOOL ASSOCIATION 27 SCHOOL ST STE 300 BOSTON, MA 021084303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON LATIN SCHOOL ASSOCIATION 27 SCHOOL ST STE 300 BOSTON, MA 021084303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
RAR-MA INC9B HAMILTON PL BOSTON, MA 021084715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
RAR-MA INC9B HAMILTON PL BOSTON, MA 021084715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR WOMEN & ENTERPRISES INC 24 SCHOOL STREET 7TH FLOOR BOSTON, MA 021085113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW ENGLAND AQUARIUM CORPORATION CENTRAL WHARF BOSTON, MA 021100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SAINT ANTHONY SHRINE100 ARCH ST BOSTON, MA 021101100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ANTHONY SHRINE100 ARCH ST BOSTON, MA 021101100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE LENNY ZAKIM FUND INC 33 ARCH STREET 26TH FLOOR BOSTON, MA 021101424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL STREET 5TH FL BOSTON, MA 021101913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL STREET 5TH FL BOSTON, MA 021101913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COMBINED JEWISH PHILANTHROPIES OF G 126 HIGH STREET BOSTON, MA 021102700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
COMBINED JEWISH PHILANTHROPIES OF G 126 HIGH STREET BOSTON, MA 021102700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF BOSTON INC 200 HIGH ST SUITE 3B BOSTON, MA 021103024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225,000
MIL MILAGROS INC 400 ATLANTIC AVENUE BOSTON, MA 021103331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ACTION FOR BOSTON COMMUNITY DEVELOP 178 TREMONT STREET BOSTON, MA 021111006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAIR-MA INC 123 SOUTH STREET SUITE 3 BOSTON, MA 021111118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAIR-MA INC 123 SOUTH STREET SUITE 3 BOSTON, MA 021111118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOSTON, MA 021111526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOSTON, MA 021111526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOX 811 BOSTON, MA 021111552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOX 811 BOSTON, MA 021111552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMESTART INC 105 CHAUNCY ST SUITE 502 BOSTON, MA 021111726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FRIENDSHIPWORKS INC 105 CHAUNCY ST BOSTON, MA 021111758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ENGLISH FOR NEW BOSTONIANS INC 105 CHAUNCY ST 4TH FLOOR BOSTON, MA 021111759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH OUT AND READ INC 89 SOUTH ST STE 201 BOSTON, MA 021112678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THIRD SECTOR NEW ENGLAND INC 89 SOUTH ST STE 700 BOSTON, MA 021112679	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOSTON RESCUE MISSION INC PO BOX 120069 BOSTON, MA 021120069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS HOUSE INC PO BOX 120499 BOSTON, MA 021120499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	323
SAINT FRANCIS HOUSE INC PO BOX 120499 BOSTON, MA 021120499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
SAINT FRANCIS HOUSE INC PO BOX 120499 BOSTON, MA 021120499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL REVERE MEMORIAL ASSOC CORP 19 NORTH SQ BOSTON, MA 021132405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
COMMUNITY WORKSHOPS INC 174 PORTLAND STREET BOSTON, MA 02114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BOSTON CASA INCPO BOX 8426 BOSTON, MA 021140034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS LEGAL SERVICES INC 225 FRIEND ST STE 504 BOSTON, MA 021141812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
VETERANS LEGAL SERVICES INC 225 FRIEND ST STE 504 BOSTON, MA 021141812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,983
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,110
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	282
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SOCIETY FOR THE PRESERVATION OF NEW 141 CAMBRIDGE ST BOSTON, MA 021142799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF MASSACHUS 1 BULFINCH PLACE 2ND FLOOR BOSTON, MA 021142915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICE HEALTH INSTITUTE ONE BOWDOIN SQ 11TH FLOOR BOSTON, MA 021142927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VOICE HEALTH INSTITUTE ONE BOWDOIN SQ 11TH FLOOR BOSTON, MA 021142927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE MASSACHUSETTS EYE 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A FAITH THAT DOES JUSTICE 300 NEWBURY ST BOSTON, MA 021152801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EMERALD NECKLACE CONSERVANCY INC 125 THE FENWAY BOSTON, MA 021153700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD NECKLACE CONSERVANCY INC 125 THE FENWAY BOSTON, MA 021153700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
KAJI ASO STUDIO INC 40 SAINT STEPHEN ST BOSTON, MA 021154510	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT STEP INC SYMPHONY HALL SYMPHONY HALL BOSTON, MA 021154557	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON THEATRE COMPANY INC 264 HUNTINGTON AVENUE BOSTON, MA 021154606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 316 HUNTINGTION AVE BOSTON, MA 021155019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
YOUNG MENS CHRISTIAN ASSOCIATION OF 316 HUNTINGTION AVE BOSTON, MA 021155019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 021155523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	478
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 021155523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,705
EMMANUEL COLLEGE400 THE FENWAY BOSTON, MA 021155725	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCPHS UNIVERSITY 179 LONGWOOD AVE BOSTON, MA 021155804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SIMMONS UNIVERSITY 300 THE FENWAY ADVANCEMENT OFFICE BOSTON, MA 021155820	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
SIMMONS UNIVERSITY 300 THE FENWAY ADVANCEMENT OFFICE BOSTON, MA 021155820	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRENCH CULTURAL CENTER INC 53 MARLBOROUGH ST BOSTON, MA 021162043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
FRENCH CULTURAL CENTER INC 53 MARLBOROUGH ST BOSTON, MA 021162043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	617
TRUSTEES OF THE PUBLIC LIBRARY OF T 700 BOYLSTON ST BOSTON, MA 021162813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHWORKS COMMUNITY FITNESS INC 137 NEWBURY ST 5TH FLOOR BOSTON, MA 021162912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	93
TRINITY BOSTON FOUNDATION INC 206 CLARENDON STREET BOSTON, MA 021163722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SCHOOL THE WORLD 376 BOYLSTON ST ST203 BOSTON, MA 021163812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL INSTITUTE OF NEW ENGL 2 BOYLSTON ST STE 3 BOSTON, MA 021164737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	193
LYRIC STAGE COMPANY OF BOSTON INC 140 CLARENDON ST BOSTON, MA 021165169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LYRIC STAGE COMPANY OF BOSTON INC 140 CLARENDON ST BOSTON, MA 021165169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	497
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	801
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP HARBOR VIEW FOUNDATION INC 200 CLARENDON ST FL 60 BOSTON, MA 021165339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
CAMP HARBOR VIEW FOUNDATION INC 200 CLARENDON ST FL 60 BOSTON, MA 021165339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUSIC AND YOUTH INITIATIVE INC 398 COLUMBUS AVE BOSTON, MA 021166008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BALLET INC19 CLARENDON ST BOSTON, MA 021166100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,612
BOSTON BALLET INC19 CLARENDON ST BOSTON, MA 021166100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
BAY STATE PERFORMING ARTS INC 539 TREMONT STREET BOSTON, MA 021166264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY STATE PERFORMING ARTS INC 539 TREMONT STREET BOSTON, MA 021166264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BAY STATE PERFORMING ARTS INC 539 TREMONT STREET BOSTON, MA 021166264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BOSTON CENTER FOR THE ARTS INC 539 TREMONT STREET BOSTON, MA 021166306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPEAK EASY STAGE INC 539 TREMONT ST BOSTON, MA 021166306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SOUTH END LIBRARY IN 150 W CONCORD ST BOSTON, MA 021181508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEARTH INC1640 WASHINGTON ST BOSTON, MA 021182308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PINE STREET INN HOUSING II INC 444 HARRISON AVE BOSTON, MA 021182404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WRITEBOSTON INC 2300 WASHINGTON STREET FLOOR 6 ROXBURY, MA 021192427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUDLEY STREET NEIGHBORHOOD INITIATI 550 DUDLEY ST ROXBURY, MA 021192767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LITTLE SISTERS OF THE ASSUMPTION FA 550 DUDLEY ST ROXBURY, MA 021192770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 021202847	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BUILDING MATERIAL COOP CHARI 100 TERRACE STREEET ROXBURY, MA 021203418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BOSTON BUILDING MATERIAL COOP CHARI 100 TERRACE STREEET ROXBURY, MA 021203418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WHITTIER STREET HEALTH CENTER COMMI 1290 TREMONT STREET ROXBURY, MA 021203432	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH ZOOLOGICAL CORPORATION 1 FRANKLIN PARK RD BOSTON, MA 021213252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
COLLEGE BOUND DORCHESTER INC 18 SAMOSET STREET DORCHESTER, MA 021242415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COLLEGE BOUND DORCHESTER INC 18 SAMOSET STREET DORCHESTER, MA 021242415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS IRAQ AND AFGHANISTAN 100 HALLET ST DORCHESTER, MA 021245408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
UNIVERSITY OF MASSACHUSETTS FOUNDAT 100 MORRISSEY BOULEVARD BOSTON, MA 021253393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CRISTO REY BOSTON HIGH SCHOOL INC 100 SAVIN HILL AVENUE BOSTON, MA 021251431	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF DORCHESTER 35 DEER STREET DORCHESTER, MA 021251537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST MARYS CENTER FOR WOMEN AND CHILD 90 CUSHING AVENUE DORCHESTER, MA 021252028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
BOYS AND GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVENUE DORCHESTER, MA 021253303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON GLOBE FOUNDATION INC 135 MORRISSEY BOULEVARD BOSTON, MA 021253310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOSTON GLOBE FOUNDATION INC 135 MORRISSEY BOULEVARD BOSTON, MA 021253310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF YOUNG ACHIEVERS INC 20 OUTLOOK RD MATTAPAN, MA 021261510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON ISLAND OUTWARD BOUND EDUCA PO BOX 127 BOSTON, MA 021270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THOMPSON ISLAND OUTWARD BOUND EDUCA PO BOX 127 BOSTON, MA 021270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ARTISTS FOR HUMANITY INC 100 W 2ND ST BOSTON, MA 021271112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTISTS FOR HUMANITY INC 100 W 2ND ST BOSTON, MA 021271112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZUMIX INC260 SUMNER STREET EAST BOSTON, MA 021283109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ZUMIX INC260 SUMNER STREET EAST BOSTON, MA 021283109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ZUMIX INC260 SUMNER STREET EAST BOSTON, MA 021283109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMAICA PLAIN REGAN YOUTH LEAGUE PO BOX 302418 JAMAICA PLAIN, MA 021300021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIVITY-BOSTON INC 39 LAMARTINE STREET JAMAICA PLAIN, MA 021301947	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BOTTOM LINE INC500 AMORY ST BOSTON, MA 021302775	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITALIAN HOME FOR CHILDREN INC 1125 CENTRE ST JAMAICA PLAIN, MA 021303445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ITALIAN HOME FOR CHILDREN INC 1125 CENTRE ST JAMAICA PLAIN, MA 021303445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MASSACHUSETTS SOCIETY FOR THE PREVE 3815 WASHINTGON ST STE 2 JAMAICA PLAIN, MA 021303760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERRILL HOUSE INC 135 S HUNTINGTON AVE BOSTON, MA 021304885	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE HALEY 570 AMERICAN LEGION HWY ROSLINDALE, MA 021313210	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,600
KHS BOSTON SCHOLARSHIP FUND 119A GREW AVENUE ROSLINDALE, MA 021314678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROXBURY LATIN SCHOOL INC 101 SAINT THERESA AVE WEST ROXBURY, MA 021323496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
ROXBURY LATIN SCHOOL INC 101 SAINT THERESA AVE WEST ROXBURY, MA 021323496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,645
ROXBURY LATIN SCHOOL INC 101 SAINT THERESA AVE WEST ROXBURY, MA 021323496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HELPING HANDS SIMIAN AIDES FOR THE 541 CAMBRIDGE ST BOSTON, MA 021342428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMITTEE FOR ACCURACY IN MIDDLE EA PO BOX 35040 BOSTON, MA 021350001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WGBH MUSIC INC1 GUEST ST BOSTON, MA 021352016	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET BOSTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRANCISCAN HOSPITAL FOR CHILDREN IN 30 WARREN STREET BRIGHTON, MA 021353680	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS SEMINARY CORP 127 LAKE ST BRIGHTON, MA 021353846	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF BALDWIN EARLY LEARNING C 121 COREY RD BRIGHTON, MA 021358245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOSTON TRINITY ACADEMY INC 17 HALE ST BOSTON, MA 021361519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON TRINITY ACADEMY INC 17 HALE ST BOSTON, MA 021361519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LUBAVITCH OF CAMBRIDGE INC 38-40 BANKS ST CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	360
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLES RIVER ALLEYCATS INCORPORATE 58B HAMMOND ST CAMBRIDGE, MA 021381918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CHARLES RIVER ALLEYCATS INCORPORATE 58B HAMMOND ST CAMBRIDGE, MA 021381918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING ANIMALS LIVING OVERSEAS HAL 58B HAMMOND ST CAMBRIDGE, MA 021381918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HOLY TRINITY ARMENIAN APOSTLE CHURC 145 BRATTLE ST CAMBRIDGE, MA 021382234	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PRESIDENT AND FELLOWS OF HARVARD CO 10 GARDEN STREET CAMBRIDGE, MA 021383600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCCER WITHOUT BORDERS 9 WATERHOUSE ST CAMBRIDGE, MA 021383607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BALLET THEATRE OF BOSTON INC 400 HARVARD ST CAMBRIDGE, MA 021383924	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
CAMBRIDGE PUBLIC LIBRARY FOUNDATION 449 BROADWAY CAMBRIDGE, MA 021384125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETTER FUTURE PROJECT INC 30 BOW ST CAMBRIDGE, MA 021385001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRUSTEES FOR HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 021385366	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BUCKINGHAM BROWNE AND NICHOLS SCHOO 80 GERRYS LANDING RD CAMBRIDGE, MA 021385504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKINGHAM BROWNE AND NICHOLS SCHOO 80 GERRYS LANDING RD CAMBRIDGE, MA 021385504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
HARVARD KENNEDY SCHOOL ALUMNAE NETW 79 JOHN F KENNEDY STREET CAMBRIDGE, MA 021385801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ISLAMIC SOCIETY OF NORTH AMERICA 204 PROSPECT ST CAMBRIDGE, MA 021391218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	820
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BOOK FESTIVAL INC 32R ESSEX ST SUITE 5 CAMBRIDGE, MA 021392646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROOT CAPITAL INC 130 BISHOP ALLEN DRIVE 2ND FLOOR CAMBRIDGE, MA 021393108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAMBRIDGE AFFORDABLE HOUSING CORPOR 362 GREEN STREET CAMBRIDGE, MA 021393309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE ST CAMBRIDGE, MA 021393515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DANCE COMPLEX INC 536 MASSACHUSETTS AVE CAMBRIDGE, MA 021394029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CENTRAL SQUARE THEATER INC 450 MASSACHUSETTS AVE 3RD FL CAMBRIDGE, MA 021394106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL SQUARE THEATER INC 450 MASSACHUSETTS AVE 3RD FL CAMBRIDGE, MA 021394106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIT INTERNATIONAL INC 77 MASSACHUSETTS AVENUE 7-206 CAMBRIDGE, MA 021394301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,550
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,350
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,250
BOYLSTON CHESS FOUNDATION INC 40 NORRIS STREET SUITE B101 CAMBRIDGE, MA 021401855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF RINDGE AVE UPPER CAMPUS 70 RINDGE AVE CAMBRIDGE, MA 021402526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICANS FOR REFUGEES IN CRISIS 273 UPLAND RD CAMBRIDGE, MA 021403625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BOSTON CHAMBER MUSIC SOCIETY INC 60 GORE ST CAMBRIDGE, MA 021411278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHBUILD USA INC58 DAY STREET SOMERVILLE, MA 021442800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
SOCIETY FOR CHINESE INSTRUMENTALMUS 121 AVON ST MALDEN, MA 021487212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRLS LATIN SCHOOL-BOSTON LATIN ACA 25 HATCH ST EVERETT, MA 021492608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCA INC101 PARK STREET CHELSEA, MA 021502771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NORTH SUFFOLK MENTAL HEALTH ASSOCIA 301 BROADWAY CHELSEA, MA 021502807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TUFTS COLLEGE ALUMNI ASSOCIATION IN 80 GEORGE ST STE 100-3 MEDFORD, MA 021550000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EBENEZER FOUNDATION INC 21 MCGRATH HIGHWAY SUITE 201 QUINCY, MA 02169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MASSACHUSETTS BUDHI SIKSA SOCIETY I 53 MASSACHUSETTS AVE 55 QUINCY, MA 021696925	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE ESTHER R SANGER CENTER FOR COMP PO BOX 31 WOLLASTON, MA 021700001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLYMNIA CHORAL SOCIETY INC PO BOX 760718 MELROSE, MA 021760012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FOLK ARTS CENTER OF NEW ENGLAND INC 10 FRANKLIN STREET STONEHAM, MA 021801862	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVE SUITE 2500 STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVE SUITE 2500 STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,470
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVE SUITE 2500 STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVE SUITE 2500 STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVENUE STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AKSHAYA PATRA FOUNDATION USA 92 MONTVALE AVE SUITE 2500 STONEHAM, MA 021803647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,235
BEAT NB CANCER FOUNDATION INC 76 PARK ST BRAINTREE, MA 021841821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
BRAINTREE AFTER SCHOOL ENRICHMENT I 426 POND ST BRAINTREE, MA 021846827	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MARISAS MISSION INCPO BOX 850061 BRAINTREE, MA 021850061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	593
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	298
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FONTBONNE ACADEMY 930 BROOK ROAD MILTON, MA 021864101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE BLUE HILLS CHARITABL PO BOX 416 MILTON, MA 021860004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE BLUE HILLS CHARITABL PO BOX 416 MILTON, MA 021860004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE BLUE HILLS CHARITABL PO BOX 416 MILTON, MA 021860004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BETH ISRAEL DEACONESS HOSPITAL-MIL 199 REEDSDALE RD MILTON, MA 021863800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MILTON ART CENTER INC 334 EDGE HILL RD MILTON, MA 021865435	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SHORE HOSPITAL INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 021900000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SOUTH SHORE HOSPITAL INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 021900000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SOUTH SHORE HEALTH SYSTEM INC 55 FOGG RD S WEYMONTH, MA 021902432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SHORE HEALTH SYSTEM INC 55 FOGG RD S WEYMOUTH, MA 021902432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
SOUTH SHORE HEALTH SYSTEM INC 55 FOGG RD S WEYMONTH, MA 021902432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	625
ALRAY TAYLOR SECOND CHANCE SCHOLARS PO BOX 960400 BOSTON, MA 021960400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR BOSTON NEIGHBORHOODS INC PO BOX 961555 BOSTON, MA 021961555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITIZEN SCHOOLS INC 308 CONGRESS STREET BOSTON, MA 022101015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST FL 6 BOSTON, MA 022101015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE CHILDRENS MUSEUM 308 CONGRESS ST BOSTON, MA 022101016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZEN SCHOOLS INC 308 CONGRESS STREET 5TH FL BOSTON, MA 022101027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CITIZEN SCHOOLS INC 308 CONGRESS STREET 5TH FL BOSTON, MA 022101027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LINGZI FOUNDATION241 A ST STE 300 BOSTON, MA 022101308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF CONTEMPORARY ART 25 HARBOR SHORE DRIVE BOSTON, MA 022102172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WINSOR SCHOOL103 PILGRIM ROAD BOSTON, MA 022154107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
HOSPITALITY HOMES INC PO BOX 15265 BOSTON, MA 022150005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD LEAGUE OF MASSAC 1055 COMMONWEALTH AVE BOSTON, MA 022151001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BOSTON YOUTH SYMPHONY ORCHESTRA INC 855 COMMONWEALTH AVE BOSTON, MA 022151303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
DRESS FOR SUCCESS BOSTON INC 989 COMMONWEALTH AVE BOSTON, MA 022151308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYRIDGE RESIDENCE AND CULTURAL CEN 395 COMMONWEALTH AVE BOSTON, MA 022152322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BOSTON CONSERVATORY DEVELOPMENT DEPARTMENT 8 THE FENWAY BOSTON, MA 022154006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,175
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACON ACADEMY INC 477 LONGWOOD AVE BOSTON, MA 022155327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BEACON ACADEMY INC 477 LONGWOOD AVE BOSTON, MA 022155327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
DANA FARBER PARTNERS CANCER CARE IN 450 BROOKLINE AVE BP418 BOSTON, MA 022155418	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQ STE 6 CAMBRIDGE, MA 022389105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQ STE 6 CAMBRIDGE, MA 022389105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQ STE 6 CAMBRIDGE, MA 022389105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQ STE 6 CAMBRIDGE, MA 022389105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQ STE 6 CAMBRIDGE, MA 022389105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
PARTNERS HEALTHCARE SYSTEM INC PO BOX 417597 BOSTON, MA 022417597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC PO BOX 417597 BOSTON, MA 022417597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC PO BOX 417597 BOSTON, MA 022417597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,268
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS C F I D S ASSOCIATION PO BOX 690305 QUINCY, MA 022690305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON MA BOSTON, MA 022849168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON MA BOSTON, MA 022849168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON MA BOSTON, MA 022849168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON MA BOSTON, MA 022849168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MICHELE A LOGAN FAMILY CENTER 15 THOMPSON AVE BROCKTON, MA 023012149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF BROCKTON INC 233 WARREN AVE BROCKTON, MA 023014321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS AND GIRLS CLUB OF BROCKTON INC 233 WARREN AVE BROCKTON, MA 023014321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
FATHER BILLS & MAINSPRING INC 430 BELMONT ST BROCKTON, MA 023014921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY OF THE SACRED HEART 392 HANOVER ST HANOVER, MA 023392215	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CARDINAL CUSHING CENTERS INC 405 WASHINGTON ST HANOVER, MA 023392343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
GREYHOUND PETS OF AMERICA PO BOX 1495 MIDDLEBORO, MA 023464495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
EASTON CHILDRENS MUSEUM INC PO BOX 417 NORTH EASTON, MA 023560417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEHILL COLLEGE INC 320 WASHINGTON STREET EASTON, MA 02357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
STONEHILL COLLEGE INC 320 WASHINGTON STREET EASTON, MA 023570000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PINEWOODS CAMP INC 80 CORNISH FIELD RD PLYMOUTH, MA 023603288	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIPELINE TO PRACTICE FOUNDATION INC 2 BRAINTREE AVE KINGSTON, MA 023641714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTH SHORE TRANSFORMATION 55 BROOK ST PLYMPTON, MA 023671708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	320
MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
MEDICINES FOR HUMANITY INC 800 HINGHAM ST SUITE 1800 ROCKLAND, MA 023701074	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROJECT CHACOCENTE USA INC P O BOX 128 BOSTON, MA 024200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	693
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FACIOSCAPULOHUMERAL SOCIETY 450 BEDFORD STREET LEXINGTON, MA 024201535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,145
FACIOSCAPULOHUMERAL SOCIETY 450 BEDFORD STREET LEXINGTON, MA 024201535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,042
FACIOSCAPULOHUMERAL SOCIETY 450 BEDFORD STREET LEXINGTON, MA 024201535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKERS OF LEXINGTON DEBATE INC 251 WALTHAM ST LEXINGTON, MA 024214903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BACKERS OF LEXINGTON DEBATE INC 251 WALTHAM ST LEXINGTON, MA 024214903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
LEXINGTON MONTESSORI SCHOOL INC 130 PLEASANT STREET LEXINGTON, MA 024218217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOAR MANAGEMENT CONSULTING GROUP IN 76 WILLISTON RD BROOKLINE, MA 024452141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAIMONIDES SCHOOL 34 PHILBRICK RD BROOKLINE, MA 024456004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	54
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,620
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,392
DANA-FARBER CANCER INSTITUTE 10 BROOOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,275
PARK SCHOOL CORPORATION 171 GODDARD AVE BROOKLINE, MA 024457412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE COMMUNITY FOUNDATION INC 40 WEBSTER PL BROOKLINE, MA 024457937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CIVIC SYMPHONY ORCHESTRA OF BOSTON PO BOX 1082 BROOKLINE, MA 024460009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE FOUNDATION FOR FACES OF CHILDRE 258 HARVARD ST 367 BROOKLINE, MA 024462904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,109
FRIENDS OF BROOKLINE ROWING 87 THORNDIKE ST BROOKLINE, MA 024465816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND DONOR SERVICES INC 60 1ST AVE WALTHAM, MA 024511106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND DONOR SERVICES INC 60 1ST AVE WALTHAM, MA 024511106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN CIRCLE FOR CARING USA INC 220 TOTTEN POND RD WALTHAM, MA 024517500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF NORTHERN NEW 400 FIFTH AVENUE SUITE 300 WALTHAM, MA 024518706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
JUNIOR ACHIEVEMENT OF NORTHERN NEW 400 FIFTH AVENUE SUITE 300 WALTHAM, MA 024518706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN NEW 400 FIFTH AVENUE SUITE 300 WALTHAM, MA 024518706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 024524713	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 024524713	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 024524713	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
CHAPEL HILL-CHAUNCY HALL SCHOOL 785 BEAVER ST WALTHAM, MA 024525606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
BRANDEIS UNIVERSITY PO BOX 549110 MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDEIS UNIVERSITY PO BOX 549110 MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
BRANDEIS UNIVERSITY 415 SOUTH STREET MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIGELOW MIDDLE SCHOOL PARENT-TEACH 42 VERNON ST NEWTON, MA 024582026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNDERWOOD SCHOOL PARENT-TEACHER ORG 101 VERNON ST NEWTON, MA 024582045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAST CALL FOUNDATION INC C/O ROBERT GOODMAN PC 1340 CENTRE NEWTON CENTER, MA 024590000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHDAY WISHES INCPO BOX 590645 NEWTON CENTRE, MA 024590006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONNECT AFRICA FOUNDATION INC 222 PLEASANT ST NEWTON CENTER, MA 024591815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
NEWTON MONTESSORI SCHOOL INC 80 CRESCENT AVE NEWTON CENTER, MA 024592102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTON SOUTH HIGH SCHOOL PARENTTEAC 140 BRANDEIS RD NEWTON CENTRE, MA 024592745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
CHARLES E BROWN MIDDLE SCHOOL PAREN 125 MEADOWBROOK RD NEWTON, MA 024593000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JEWISH BIG BROTHER-SISTER ASSOCIATI 333 NAHANTON ST NEWTON CENTRE, MA 024593213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND STEP INCPO BOX 600213 NEWTONVILLE, MA 024600002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
SECOND STEP INCPO BOX 600213 NEWTONVILLE, MA 024600002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
DREAM BIG INC 281 NEEDHAM ST STE 202 NEWTON, MA 024641522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 200 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 200 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	164
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 200 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 200 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MOUNT ALVERNIA ACADEMY INC 20 MANET RD CHESTNUT HILL, MA 024671018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHESTNUT HILL SCHOOL 428 HAMMOND ST CHESTNUT HILL, MA 024671229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTNUT HILL SCHOOL 428 HAMMOND ST CHESTNUT HILL, MA 024671229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
HALO INC1330 BOYLSTON STREET CHESTNUT HILL, MA 024672145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
HALO INC1330 BOYLSTON STREET CHESTNUT HILL, MA 024672145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT COMMUNITY OT BOSTON COLLEGE 140 COMMONWEALTH AVE NEWTON, MA 024673800	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,350
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	17,135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN RELIEF SOCIETY OF EASTERN 80 BIGELOW AVE WATERTOWN, MA 024722012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE ASPERGER-AUTISM NETWORK INC 51 WATER ST WATERTOWN, MA 024724411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE ASPERGER-AUTISM NETWORK INC 51 WATER ST WATERTOWN, MA 024724411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES FIRST PARENTING PROGRAMS I 9 GALEN ST STE 400 WATERTOWN, MA 024724522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL OVARIAN CANCER COALITION I PO BOX 1218 ARLINGTON, MA 024740070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAIRN HILL INC75 WESTMINSTER AVE ARLINGTON, MA 024742732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY RESCUE INC 20 WHITTEMORE ST ARLINGTON, MA 024746602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
POMS OF BELMONT INC 221 CONCORD AVE BELMONT, MA 024783026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ST JOHN THE EVANGELIST SCHOOL 9 LEDYARD STREET WELLESLEY, MA 024811607	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERNEST F UPHAM PARENT TEACHER ORGAN C/O E F UPHAM SCHOOL 35 WYNNEWOOD WELLESLEY, MA 024810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WELLESLEY SCHOLARSHIP FOUNDATION IN PO BOX 81207 WELLESLEY, MA 024810002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF WELLESLEY METCO INC PO BOX 81163 WELLESLEY, MA 024810007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY FOOD PANTRY INC 207 WASHINGTON ST WELLESLEY, MA 024813104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
WELLESLEY FOOD PANTRY INC 207 WASHINGTON ST WELLESLEY, MA 024813104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WELLESLEY FRIENDLY AID ASSOCIATION 219 WASHINGTON ST WELLESLEY, MA 024813105	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY FRIENDLY AID ASSOCIATION 219 WASHINGTON ST WELLESLEY, MA 024813105	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,575
READ TO A CHILD INC 20 WILLIAM ST STE G25 WELLESLEY, MA 024814113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,050
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,650
WELLESLEY PARENTS OF PERFORMING STU PO BOX 812136 WELLESLEY, MA 024820014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA HALL SCHOOL45 DANA ROAD WELLESLEY, MA 024827043	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
DANA HALL SCHOOLSPO BOX 9010 WELLESLEY, MA 024829010	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ST JOSEPH ELEMENTARY SCHOOL 90 PICKERING STREET NEEDHAM, MA 024923126	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEEDHAM ATHLETIC BOOSTERS CLUB INC PO BOX 920556 NEEDHAM, MA 024920007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NEEDHAM ATHLETIC BOOSTERS CLUB INC PO BOX 920556 NEEDHAM, MA 024920007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRANKLIN W OLIN COLLEGE OF ENGINEER 1000 OLIN WAY NEEDHAM, MA 024921200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC LOW GRADE ASTROCYTOMAFOUN 85 RIVERBEND LN NEEDHAM, MA 024922795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HIGH ROCK-POLLARD PARENT TEACHER CO 200 HARRIS AVE NEEDHAM, MA 024923335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOG YOUR MEMORY 5K INC 56 NICHOLS ROAD NEEDHAM, MA 024923806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SEBASTIANS SCHOOL FUND INC 1191 GREENDALE AVE NEEDHAM, MA 024924727	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
ADENOID CYSTIC CARCINOMA RESEARCHFO PO BOX 442 NEEDHAM, MA 024940010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ADENOID CYSTIC CARCINOMA RESEARCHFO PO BOX 442 NEEDHAM, MA 024940010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 72 RIVER PARK ST SUITE 202 NEEDHAM, MA 024941365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,464
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,230
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,892
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,216
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,241
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERVIEW SCHOOL INC551 ROUTE 6A EAST SANDWICH, MA 025371448	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
FALMOUTH ACADEMY 7 HIGHFIELD DRIVE FALMOUTH, MA 025402303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,524
FALMOUTH ACADEMY 7 HIGHFIELD DRIVE FALMOUTH, MA 025402303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALMOUTH ACADEMY 7 HIGHFIELD DRIVE FALMOUTH, MA 025402303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,560
GARDEN CLUB FEDERATION OF MASSACHUS PO BOX 487 FALMOUTH, MA 025410487	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 025430006	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,425
COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET, MA 025544450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM MAUREEN INCPO BOX 422 N FALMOUTH, MA 025560422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC PO BOX 1 SANDWICH, MA 025630001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
HOSPICE OF MARTHAS VINEYARD INC 79 BEACH RD PO BOX 1748 VINEYARD HVN, MA 025685523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSIONATE CARE ALS INC PO BOX 1052 W FALMOUTH, MA 025741052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
COMPASSIONATE CARE ALS INC PO BOX 1052 W FALMOUTH, MA 025741052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMPASSIONATE CARE ALS INC PO BOX 1052 W FALMOUTH, MA 025741052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST FALMOUTH LIBRARY INCORPORATED PO BOX 1209 WEST FALMOUTH, MA 025741209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAPE COD TIMES NEEDY FUND INC PO BOX 804 HYANNIS, MA 026010804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INDEPENDENCE HOUSE INC 160 BASSETT LN HYANNIS, MA 026013818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPE JOHN PAUL II HIGH SCHOOL INC 120 HIGH SCHOOL RD HYANNIS, MA 026014540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 026015230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BARNSTABLE EDUCATION FOUNDATION INC PO BOX 373 CENTERVILLE, MA 026320373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTERVILLE PUBLIC LIBRARY ASSOC IN 585 MAIN ST CENTERVILLE, MA 026322915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COTUIT LIBRARY ASSOCIATION PO BOX 648 COTUIT, MA 026350000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COTUIT ATHLETIC ASSOCIATION INC PO BOX 411 COTUIT, MA 026350411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE EASTHAM PUBLIC LIBRA PO BOX 1025 EASTHAM, MA 026421025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILD CARE INC10 SMITH LN EASTHAM, MA 026422671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY PANTRY OF CAPE COD CORP THE 133 QUEEN ANNE RD HARWICH, MA 026452406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE CAN CORPORATION783 ROUTE 28 HARWICH PORT, MA 026460000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HEROES IN TRANSITION INC 22 BATES RD MASHPEE, MA 026493280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PLEASANT BAY COMMUNITY BOATING INC PO BOX 21 NORTH CHATHAM, MA 026500021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORLEANS POND COALITION INC PO BOX 2485 ORLEANS, MA 026536485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THREE BAYS PRESERVATION INC PO BOX 215 OSTERVILLE, MA 026550215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PROVINCETOWN COMMUNITY COMPACT INC 7 CARNES LN PROVINCETOWN, MA 026571340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CAPE WILDLIFE INC 102 BRADFORD ST PROVINCETOWN, MA 026571427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HELPING OUR WOMEN INCPO BOX 1376 PROVINCETOWN, MA 026575376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WELLFLEET CONSERVATION TRUST PO BOX 84 WELLFLEET, MA 026670084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CAPE COD NATIONAL SE PO BOX 550 WELLFLEET, MA 026670550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SOUTHEASTERN MASSACHUSETTS ARTS COL PO BOX 356 ATTLEBORO, MA 027030006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ATTLEBORO SCHOLARSHIP FOUNDATION PO BOX 1666 ATTLEBORO, MA 027030028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VESTED INTEREST IN K9S INC PO BOX 9 EAST TAUNTON, MA 027180009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
VESTED INTEREST IN K9S INC PO BOX 9 EAST TAUNTON, MA 027180009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,002
BENJAMIN T J MILLS SCHOLARSHIP FUND 153 MEESHAWN AVE EAST TAUNTON, MA 027181373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIN CAN SAILORS INCPO BOX 100 SOMERSET, MA 027260100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VOLUNTEERS AT SIPPICAN ELEMENTARY I 16 SPRING ST MARION, MA 027381519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
OLD DARTMOUTH HISTORICAL SOCIETY 18 JOHNNY CAKE HILL NEW BEDFORD, MA 027406317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY & SHELTER SOUTHCOAST 31 VENTURA DR N DARTMOUTH, MA 027471244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR HUMAN ADVANCEMENT THROU 285 OLD WESTPORT RD N DARTMOUTH, MA 027472356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH SOCCER CLUBPO BOX 3162 N ATTLEBORO, MA 027613162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CUPBOARD OF KINDNESS INC PO BOX 874 NORTON, MA 027660801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FRANCIS OUIMET SCHOLARSHIP FUND 300 ARNOLD PALMER BLVD NORTON, MA 027661365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE FRANCIS OUIMET SCHOLARSHIP FUND 300 ARNOLD PALMER BLVD NORTON, MA 027661365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOLF FIGHTS CANCER INC 300 ARNOLD PALMER BLVD NORTON, MA 027661365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
WINSLOW FARM ANIMAL AWARENESS CORP 37 EDDY ST NORTON, MA 027663513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOORWAYS INCPO BOX 295 SEEKONK, MA 027714418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEEKONK LIBRARY TRUST 410 NEWMAN AVE SEEKONK, MA 027714604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAVE A PET SOCIETY INC100 PECK ST SEEKONK, MA 027715116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAUNTON HIGH SCHOOL FACULTY AND COM 50 WILLIAMS ST TAUNTON, MA 027802710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
BORN TO BE WILD NATURE CENTER 45 VARS LN BRADFORD, RI 028081114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
COMMUNITY STRING PROJECT INC PO BOX 513 BRISTOL, RI 028092211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLITHEWOLD INC101 FERRY RD BRISTOL, RI 028092902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SALGI ESOPHAGEAL CANCER RESEARCH FO PO BOX 1912 EAST GREENWICH, RI 028180636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WHO GIVES A BUCK15 VAL JEAN DR GREENVILLE, RI 028281007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMESTOWN PARENT TEACHER ORGANIZATI 76 MELROSE AVE JAMESTOWN, RI 028351005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
PTA RHODE ISLAND CONGRESS OF PARENT 315 NEW RIVER RD MANVILLE, RI 028381817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MARTIN LUTHER KING COMMUNITY CENTER 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 028400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND MOVING COMPANYPO BOX 746 NEWPORT, RI 028400007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ISLAND MOVING COMPANYPO BOX 746 NEWPORT, RI 028400007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ISLAND MOVING COMPANYPO BOX 746 NEWPORT, RI 028400007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT PERFORMING ARTS CENTER POB 234 NEWPORT, RI 028400203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEWPORT PERFORMING ARTS CENTER POB 234 NEWPORT, RI 028400203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEWPORT PERFORMING ARTS CENTER POB 234 NEWPORT, RI 028400203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN LUTHER KING COMMUNITY CENTER 20 DR MARCUS WHEATLAND BLVD NEWPORT, RI 028402050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SAIL NEWPORT INC60 FORT ADAMS DR NEWPORT, RI 028404388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NAVAL WAR COLLEGE FOUNDATION INC 686 CUSHING RD NEWPORT, RI 028410001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVAL WAR COLLEGE FOUNDATION INC 686 CUSHING RD NEWPORT, RI 028410001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NAVAL WAR COLLEGE FOUNDATION INC 686 CUSHING RD NEWPORT, RI 028410001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
STAR KIDS SCHOLARSHIP PROGRAM PO BOX 6214 MIDDLETOWN, RI 028420949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN OCEAN ACCESS 23 JOHNNYCAKE HILL ROAD SUITE 4 MIDDLETOWN, RI 028425635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 028520083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 028520083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH KINGSTOWN EXETER ANIMAL PROTE 500 STONY LANE N KINGSTOWN, RI 028520083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LINKS50 EAST CT N KINGSTOWN, RI 028522018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVE UNIT 201 PAWTUCKET, RI 028602134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,480
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVE UNIT 201 PAWTUCKET, RI 028602134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVE UNIT 201 PAWTUCKET, RI 028602134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
CAMP KER-ANNA1030 DEXTER ST CENTRAL FALLS, RI 028631717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATHANS ANGELS MEMORIAL FOUNDATION PO BOX 7584 CUMBERLAND, RI 028640806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATHANS ANGELS MEMORIAL FOUNDATION PO BOX 7584 CUMBERLAND, RI 028640806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CUMBERLAND YOUTH SOCCER ASSOCIATION PO BOX 7625 CUMBERLAND, RI 028640897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUMBERLAND YOUTH SOCCER ASSOCIATION PO BOX 7625 CUMBERLAND, RI 028640897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RHODE ISLAND MAYORAL ACADEMY 291 BROAD ST CUMBERLAND, RI 028647802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
LONSDALE PARENTS & TEACHERS 270 RIVER RD LINCOLN, RI 028652316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA GEMMA BREAST CANCER RESOURCE 1 WELLINGTON RD LINCOLN, RI 028654411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
GLORIA GEMMA BREAST CANCER RESOURCE 1 WELLINGTON RD LINCOLN, RI 028654411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,775
GLORIA GEMMA BREAST CANCER RESOURCE 1 WELLINGTON RD LINCOLN, RI 028654411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HERREN PROJECTPO BOX 131 PORTSMOUTH, RI 028710131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PORTSMOUTH ABBEY SCHOOL 285 CORYS LANE PORTSMOUTH, RI 028711362	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	850
PORTSMOUTH ABBEY SCHOOL 285 CORYS LANE PORTSMOUTH, RI 028711362	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICA TEACHER FOUNDATION 28 HALL ROAD PORTSMOUTH, RI 028711702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SEA ROSE MONTESSORI CO-OP SCHOOL 324 E MAIN RD PORTSMOUTH, RI 028712113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PORTSMOUTH FREE PUBLIC LIBRARY ASSO 2658 EAST MAIN RD PORTSMOUTH, RI 028712608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTSMOUTH FREE PUBLIC LIBRARY ASSO 2658 EAST MAIN RD PORTSMOUTH, RI 028712608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILDLIFE REHABILITATORS ASSOCIATION 2865 TOWER HILL RD SAUNDERSTOWN, RI 028742207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 68 SHANNOCK, RI 028750068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH KINGSTOWN GIRLS SLOW PITCH SO 50 GEORGE SCHAEFFER ST WAKEFIELD, RI 028792313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOUTH KINGSTOWN GIRLS SLOW PITCH SO 50 GEORGE SCHAEFFER ST WAKEFIELD, RI 028792313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE JONNYCAKE CENTER INC 1231 KINGSTOWN RD PEACE DALE, RI 028792441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND NATURAL HISTORY SURVEY 1 GREENHOUSE RD URI RM 101 KINGSTON, RI 028812018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,625
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLEBRIDGE SCHOOL INC 333 OCEAN RD NARRAGANSETT, RI 028821363	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
ST PETERS BY THE SEA CHURCH 72 CENTRAL ST NARRAGANSETT, RI 028823647	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST PETERS BY THE SEA CHURCH 72 CENTRAL ST NARRAGANSETT, RI 028823647	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 661 WARREN, RI 028850661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE CORLISS INSTITUTE INC 290 MAIN ST WARREN, RI 028854344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WEST BAY RESIDENTIAL SERVICES INC 158 KNIGHT ST WARWICK, RI 028861225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ELIZABETH COMMUNITY 2364 POST RD STE 100 WARWICK, RI 028862232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
SAINT ELIZABETH COMMUNITY 2364 POST RD STE 100 WARWICK, RI 028862232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,475
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	391
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT COUNTY VISITING NURSE ASSOCIAT 51 HEALTH LN WARWICK, RI 028862710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FAITH BAPTIST CHURCH 765 COMMONWEALTH AVE WARWICK, RI 028862788	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
FAITH BAPTIST CHURCH 765 COMMONWEALTH AVE WARWICK, RI 028862788	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PROVIDENCE YOUNG MENS CHRIS 900 CENTERVILLE ROAD WARWICK, RI 028864372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF WARWICK PO BOX 8938 WARWICK, RI 028880930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	601
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 028883652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONE ADULT SERVICES 140 WARWICK NECK AVE WARWICK, RI 028895308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOOP DREAMS RHODE ISLAND 109 UNCAS ST WARWICK, RI 028899724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOOP DREAMS RHODE ISLAND 109 UNCAS ST WARWICK, RI 028899724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 028911812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 028911812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTERLY-AREA-REST-MEALS-WARM-INC 56 SPRUCE ST WESTERLY, RI 028911922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 028953023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 028953023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE WOONSOCKET NEIGHBORHOOD DEVELOP 719 FRONT ST SUITE 103 WOONSOCKET, RI 028955278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT ST CHARLES ACADEMY INC 800 LOGEE ST WOONSOCKET, RI 028955508	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,425
MANTON AVENUE PROJECTPO BOX 982 PROVIDENCE, RI 029010982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF RHODE ISLAND 21 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RHODE ISLAND 21 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	285
PROVIDENCE FOUNDATION 30 EXCHANGE TERRACE 4TH FLOOR PROVIDENCE, RI 029031748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE RHODE ISLAND COMMUNITY FOUNDATI ONE UNION STATION PROVIDENCE, RI 029031758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RHODE ISLAND COMMUNITY FOUNDATI ONE UNION STATION PROVIDENCE, RI 029031758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE RHODE ISLAND COMMUNITY FOUNDATI ONE UNION STATION PROVIDENCE, RI 029031758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRY TOGETHER 10 DORRANCE ST STE 700 PROVIDENCE, RI 029032014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 128 DORRANCE STREET PROVIDENCE, RI 029032814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CIVIL LIBERTIES UNION FOUN 128 DORRANCE STREET PROVIDENCE, RI 029032814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FUND FOR UCAP75 CARPENTER ST PROVIDENCE, RI 029033004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR UCAP75 CARPENTER ST PROVIDENCE, RI 029033004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AS 220 95 MATHEWSON STREET UNIT 204 PROVIDENCE, RI 029033217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AS 220 95 MATHEWSON STREET UNIT 204 PROVIDENCE, RI 029033217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,175
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,900
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PL PROVIDENCE, RI 029033703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW URBAN ARTS 705 WESTMINSTER ST PROVIDENCE, RI 029034016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEW URBAN ARTS 705 WESTMINSTER ST PROVIDENCE, RI 029034016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60,000
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,165
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	725
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
THE MIRIAM HOSPITAL167 POINT ST PROVIDENCE, RI 029034736	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MIRIAM HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 029034771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 029034771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
STEERE HOUSE100 BORDEN ST PROVIDENCE, RI 029034803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG VOICES150 MILLER AVE PROVIDENCE, RI 029051400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
YOUNG VOICES150 MILLER AVE PROVIDENCE, RI 029051400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
PROVIDENCE HEBREW DAY SCHOOL 450 ELMGROVE AVENUE PROVIDENCE, RI 029063449	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACKSTONE PARKS CONSERVANCY PO BOX 603141 PROVIDENCE, RI 029060141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BLACKSTONE PARKS CONSERVANCY PO BOX 603141 PROVIDENCE, RI 029060141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MOUNT HOPE NEIGHBORHOOD ASSOCIATION 199 CAMP ST PROVIDENCE, RI 029061833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 029062313	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE MIRIAM HOSPITAL 164 SUMMIT AVE PROVIDENCE, RI 029062853	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	135
PROVIDENCE HEBREW DAY SCHOOL 450 ELMGROVE AVE PROVIDENCE, RI 029063449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	515
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FESTIVAL BALLET PROVIDENCE 825 HOPE ST PROVIDENCE, RI 029063750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND RABBINICAL COLLEGE INC 262 BLACKSTONE BLVD PROVIDENCE, RI 029064864	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL ONE220 UNIVERSITY AVE PROVIDENCE, RI 029065434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SCHOOL ONE220 UNIVERSITY AVE PROVIDENCE, RI 029065434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
LINCOLN SCHOOL301 BUTLER AVE PROVIDENCE, RI 029065545	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST PROVIDENCE, RI 029071031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071110	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	150
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071110	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071110	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	375
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071110	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	250
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071110	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON ST PROVIDENCE, RI 029072813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON ST PROVIDENCE, RI 029072813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GENESIS CENTER620 POTTERS AVE PROVIDENCE, RI 029072931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	186
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	445
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 029073313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 029073313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVENUE PROVIDENCE, RI 029073313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	245
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	454
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	95
RIGHT TO LIFE SERVICES INC PO BOX 28285 PROVIDENCE, RI 029080285	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIGHT TO LIFE SERVICES INC PO BOX 28285 PROVIDENCE, RI 029080285	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND COLLEGE FOUNDATION 600 MT PLEASANT AVENUE PROVIDENCE, RI 029081940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RHODE ISLAND COLLEGE ALUMNI ASSOCIA 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 029081940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER HOUSE INC386 SMITH ST PROVIDENCE, RI 029083727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLOTHES TO KIDS RI 395 SMITH STREET PROVIDENCE, RI 029083734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
ACTS OF KINDNESS INC243 KNIGHT ST PROVIDENCE, RI 029091116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN P BURKE MEMORIAL FUND ONE BUTTON HOLE DRIVE NO 2 PROVIDENCE, RI 029095750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 029141714	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 029141714	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 029144226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND SOCIETY FOR THE PREVEN 186 AMARAL ST RIVERSIDE, RI 029152223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	285
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PROVIDENCE COLLEGE549 RIVER AVE PROVIDENCE, RI 029187000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE549 RIVER AVE PROVIDENCE, RI 029187000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
GARY BALLETTO FOUNDATION 786 ATWOOD AVE CRANSTON, RI 029202505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DOWN SYNDROME SOCIETY OF RHODE ISLA 99 BALD HILL RD CRANSTON, RI 029202648	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOTTA HAVE SOLE FOUNDATION INC 39 E BEL AIR RD CRANSTON, RI 029204525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VOLUNTEER SERVICES FOR ANIMALS PO BOX 6263 PROVIDENCE, RI 029406263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
FAMILY SERVICE OF RHODE ISLAND INC PO BOX 6688 PROVIDENCE RI 02940-668 PROVIDENCE, RI 029406688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GREATER DERRY HUMANE SOCIETY INC PO BOX 142 EAST DERRY, NH 030410142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
COCKER SPANIEL RESCUE OF NEW ENGLAN PO BOX 162 GREENFIELD, NH 030470162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER NASHUA IN 180 LOWELL RD HUDSON, NH 030514907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NEW ENGLAND PARKINSONS RIDE PO BOX 1124 MERRIMACK, NH 030541124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND PARKINSONS RIDE PO BOX 1124 MERRIMACK, NH 030541124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 6 HENRY CLAY DR MERRIMACK, NH 030544848	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SHARE OUTREACH INCORPORATED 1 COLUMBUS AVE MILFORD, NH 030554778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUB OF GREATER NASHUA ONE POSITIVE PLACE NASHUA, NH 030603165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVIER UNIVERSITY 420 SOUTH MAIN STREET NASHUA, NH 030605043	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NASHUA SOUP KITCHEN AND SHELTER INC 2 QUINCY ST NASHUA, NH 030613116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
AMATEUR ATHLETIC UNION OF THE UNITE 79 GROTON RD NASHUA, NH 030621016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
FELINE FRIENDS RESCUE ADOPTION LEAG PO BOX 2452 SALEM, NH 030791150	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 031011132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE MANCHESTER ANIMAL SH 490 DUNBARTON ROAD MANCHESTER, NH 031020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 031021310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 031021310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 031021310	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 031021310	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
CATHOLIC MEDICAL CENTER 100 MCGREGOR ST MANCHESTER, NH 031023730	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NH-JAG175 AMMON DR UNIT 212 MANCHESTER, NH 031033311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE WAY HOME INC214 SPRUCE ST MANCHESTER, NH 031034813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DERRYFIELD SCHOOL2108 RIVER ROAD MANCHESTER, NH 031041302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DERRYFIELD SCHOOL2108 RIVER ROAD MANCHESTER, NH 031041302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
NORTH LITTLE LEAGUE INC 497 HOOKSETT RD PMB 315 MANCHESTER, NH 031042632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
TRINITY HIGH SCHOOL581 BRIDGE ST MANCHESTER, NH 031045395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER KIWANIS CHILDRENS FUND I PO BOX 987 MANCHESTER, NH 031050987	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MANCHESTER KIWANIS CHILDRENS FUND I PO BOX 987 MANCHESTER, NH 031050987	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
COURT APPOINTED SPECIAL ADVOCATES O PO BOX 1327 MANCHESTER, NH 031051327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF STARK PARK INC PO BOX 1485 MANCHESTER, NH 031051485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 N RIVER RD MANCHESTER, NH 031061067	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BEDFORD LIONS CHARITABLE FOUNDATION PO BOX 10083 BEDFORD, NH 031100083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF NEW HAMPSHI 545 ROUTE 101 BEDFORD, NH 031104711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANDOVER SERVICE CLUB INC PO BOX 22 ANDOVER, NH 032160022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANDOVER SERVICE CLUB INC PO BOX 22 ANDOVER, NH 032160022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDOVER SERVICE CLUB INC PO BOX 22 ANDOVER, NH 032160022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROCTOR ACADEMYPO BOX 500 ANDOVER, NH 032160500	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,750
PROCTOR ACADEMYPO BOX 500 ANDOVER, NH 032160500	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE ANTIQUARIAN SOCIETY 300 MAIN ST HOPKINTON, NH 032292627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
SQUAM LAKES ASSOCIATION 534 US RT 3 HOLDERNESS, NH 032450204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	238
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 032510026	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 032510026	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 032510026	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
NORTH COUNTRY CENTER FOR THE ARTS I PO BOX 1060 LINCOLN, NH 032511060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOON PRESERVATION COMMITTEE PO BOX 604 MOULTONBOROUGH, NH 032540604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW HAMPTON SCHOOL 70 MAIN STREET NEW HAMPTON, NH 032564243	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
NEW HAMPTON SCHOOL 70 MAIN STREET NEW HAMPTON, NH 032564243	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSBON SARGENT LAND PRESERVATION TR PO BOX 2040 NEW LONDON, NH 032572040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUSBON SARGENT LAND PRESERVATION TR PO BOX 2040 NEW LONDON, NH 032572040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
LIVE AND LET LIVE FARM INC 20 PARADISE LN CHICHESTER, NH 032586115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWOOD LAKE WATERSHED ASSN PO BOX 152 NORTHWOOD, NH 032610152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOLDERNESS SCHOOLPO BOX 1879 PLYMOUTH, NH 032641879	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
PINE HAVEN BOYS CENTER FOUNDATION PO BOX 162 ALLENSTOWN, NH 032750162	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 032780142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,264
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 032780142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 032780142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 032780142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	308
WARNER HISTORICAL SOCIETY PO BOX 189 WARNER, NH 032780189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
FRIENDS PROGRAM INC 202 NORTH STATE STREET CONCORD, NH 033012509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ROC USA LLC 6 LOUDON ROAD SUITE 501 CONCORD, NH 033013741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE COMMUNITY LOAN FUND 7 WALL ST CONCORD, NH 033013741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ADVOCATES BUILDING LASTING EQUALITY 2 1/2 BEACON STREET SUITE 10 CONCORD, NH 033014447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RED RIVER THEATRES INC 11 SOUTH MAIN STREET CONCORD, NH 033014846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 18 LOW AVE STE 12 CONCORD, NH 033014902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	308
BOYS & GIRLS CLUB OF CENTRAL NEW HA 55 BRADLEY ST CONCORD, NH 033016439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
COMMUNITY COLLEGE SYSTEM OF NEW HAM 26 COLLEGE DR CONCORD, NH 033017425	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	33,333
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD HOSPITAL TRUST 250 PLEASANT ST CONCORD, NH 033017539	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	140
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 033018522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HANNAH GRIMES CENTER 25 ROXBURY STREET KEENE, NH 034313734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANNU INC157 MAIN ST STE 1 BERLIN, NH 035702538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ADAPTIVE SPORTS PARTNERS OF THE NOR PO BOX 304 FRANCONIA, NH 035800304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND SKI MUSEUM 135 TRAMWAY DRIVE FRANCONIA, NH 035804403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINTS NETWORK 11 SCHOOL ST CLAREMONT, NH 037432561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION YM PO BOX 185 GRANTHAM, NH 037530185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,100
TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD RD STE 6015 HANOVER, NH 037551417	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD RD STE 6015 HANOVER, NH 037551417	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
TRUSTEES OF DARTMOUTH COLLEGE 6154 S FAIRBANKS HALL HANOVER, NH 037552112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON ST STE 302 HANOVER, NH 037552112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,554
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,098
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037553555	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,825
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037553555	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,169
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037553555	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037553555	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,732
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,767
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,450
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,375
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE - ATTN DOROTHEA WHITE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARTMOUTH-HITCHCOCK HEALTH CHAD COMMUNITY RELATIONS LEBANON, NH 037561000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
DARTMOUTH-HITCHCOCK HEALTH CHAD COMMUNITY RELATIONS LEBANON, NH 037561000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACOAST REPERTORY THEATRE 125 BOW ST PORTSMOUTH, NH 038013874	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CROSS ROADS HOUSE INC 600 LAFAYETTE RD PORTSMOUTH, NH 038015435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CROSS ROADS HOUSE INC 600 LAFAYETTE RD PORTSMOUTH, NH 038015435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACOAST CHILD ADVOCACY CENTER INC 100 CAMPUS DR STE 11 PORTSMOUTH, NH 038015892	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
KREMPELS CENTER 100 CAMPUS DRIVE SUITE 24 PORTSMOUTH, NH 038015892	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOMENAID OF GREATER PORTSMOUTH PO BOX 4154 PORTSMOUTH, NH 038024154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENAID OF GREATER PORTSMOUTH PO BOX 4154 PORTSMOUTH, NH 038024154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	513
WOMENAID OF GREATER PORTSMOUTH PO BOX 4154 PORTSMOUTH, NH 038024154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	177
CHRISTIAN CAMPS & CONFERENCES 34 CAMP BROOKWOODS RD ALTON, NH 038096008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN CAMPS & CONFERENCES 34 CAMP BROOKWOODS RD ALTON, NH 038096008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
CHRISTIAN CAMPS & CONFERENCES 34 CAMP BROOKWOODS RD ALTON, NH 038096008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
JOHN & ANNA NEWTON PORTER FOUNDATIO PO BOX 325 ALTON BAY, NH 038100325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONWAY AREA HUMANE SOCIETY PO BOX 260 CONWAY, NH 038180260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
WENTWORTH-DOUGLASS HOSPITAL AND HEA 789 CENTRAL AVE DOVER, NH 038202526	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
COMMUNITY ACTION PARTNERSHIP OF STR PO BOX 160 DOVER, NH 038210160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OYSTER RIVER YOUTH ASSOCIATION 2 DOVER RD DURHAM, NH 038242813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,100
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
GREAT BAY ELEARNING CHARTER SCHOOL 30 LINDEN ST EXETER, NH 038332622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL COUNTY YMCA-CAMP HUCKINS 17 CAMP HUCKINS RD FREEDOM, NH 038364403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HAMPSTEAD ASSOCIATION OF SOFTBALL & PO BOX 182 HAMPSTEAD, NH 038410182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE FIRST TEE OF NEW HAMPSHIRE INC 22 NORTH RD NORTH HAMPTON, NH 038622219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACOAST SCIENCE CENTER INC 570 OCEAN BOULEVARD RYE, NH 038702104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SEACOAST SCIENCE CENTER INC 570 OCEAN BOULEVARD RYE, NH 038702104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEACOAST SCIENCE CENTER INC 570 OCEAN BOULEVARD RYE, NH 038702104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE SPCAPO BOX 196 STRATHAM, NH 038850196	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
YOUNG MENS CHRISTIAN ASSOCIATION CA PO BOX 1546 WOLFEBORO, NH 038940000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION CA PO BOX 1546 WOLFEBORO, NH 038940000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREWSTER ACADEMY80 ACADEMY DR WOLFEBORO, NH 038944115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
OGUNQUIT PLAYHOUSE FOUNDATION PO BOX 915 OGUNQUIT, ME 039070915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARGINAL WAY PRESERVATION FUND PO BOX 1455 OGUNQUIT, ME 039071455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARGINAL WAY PRESERVATION FUND PO BOX 1455 OGUNQUIT, ME 039071455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREAT WORKS REGIONAL LAND TRUST PO BOX 151 SOUTH BERWICK, ME 039080151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YORK VOLUNTEER FIRE DEPARTMENT INC 1 FIREHOUSE DR YORK, ME 039091008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGUNQUIT ARTS COLLABORATIVE 1 SCHOONER LNDG YORK, ME 039091371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RUFUS PORTER MUSEUM INC PO BOX 544 BRIDGTON, ME 040090544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SUMMER CAMP INC8 CHURCH STREET BRIDGTON, ME 040091101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOON ECHO LAND TRUST INC 8 DEPOT ST STE 4 BRIDGTON, ME 040091245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	513
CAMP ARCADIA SCHOLARSHIP FOUNDATION PO BOX 158 CASCO, ME 040150158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GORHAM EDUCATIONAL FOUNDATION INC PO BOX 295 GORHAM, ME 040380295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MAINE 66 MUSSEY RD SCARBOROUGH, ME 040748921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARPSWELL HERITAGE LAND TRUST PO BOX 359 HARPSWELL, ME 040790359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAINE STATE SOCIETY FOR THE PROTECT PO BOX 10 SOUTH WINDHAM, ME 040820010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY PLACE TEEN CENTER INC 755 MAIN ST WESTBROOK, ME 040923416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
YARMOUTH SCHOOLS 101 MCCARTNEY STREET YARMOUTH, ME 040966768	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
K9S ON THE FRONT LINE 15 SWEETWATER WAY N YARMOUTH, ME 040976326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS ST SUITE 306 PORTLAND, ME 041013308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM AND THEATRE OF MAI 142 FREE STREET PORTLAND, ME 041013961	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
OLYMPIA SNOWE WOMENS LEADERSHIP INS ONE CANAL PLAZA SUITE 501 PORTLAND, ME 041014083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OLYMPIA SNOWE WOMENS LEADERSHIP INS ONE CANAL PLAZA SUITE 501 PORTLAND, ME 041014083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE TREE LEGAL ASSISTANCE INC 88 FEDERAL ST PORTLAND, ME 041014205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PORTLAND OVATIONS 50 MONUMENT SQ STE 201 PORTLAND, ME 041014770	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
PORTLAND OVATIONS 50 MONUMENT SQ STE 201 PORTLAND, ME 041014770	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVESTA HOUSING DEVELOPMENT CORPORAT 307 CUMBERLAND AVE PORTLAND, ME 041014920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PREBLE STREET38 PREBELE STREET PORTLAND, ME 041014952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 121 MIDDLE STREET 200 PORTLAND, ME 041017123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 250 BRACKETT STREET PORTLAND, ME 041023208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 041032640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 041032640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUMBERLAND FARMERS CLUB 39 SAMUEL RD PORTLAND, ME 041033620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS MAINE INC 125 PRESUMPSCOT STREET PORTLAND, ME 041035225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
HONOR FLIGHT MAINE INC PO BOX 1770 PORTLAND, ME 041041770	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FLIGHT MAINE INC PO BOX 1770 PORTLAND, ME 041041770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HONOR FLIGHT MAINE INC PO BOX 1770 PORTLAND, ME 041041770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CULTIVATING COMMUNITY PO BOX 3792 PORTLAND, ME 041043792	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GIRLS FOUNDATION OF TANZANIA PO BOX 11224 PORTLAND, ME 041047224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUMMIT PROJECTPO BOX 8130 PORTLAND, ME 041048130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF CASCO BAY43 SLOCUM DR S PORTLAND, ME 041061641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAINE SPECIAL OLYMPICS 125 JOHN ROBERTS RD - UNIT 5 SOUTH PORTLAND, ME 041063295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF MAINE INC 138 GANNETT DR SO PORTLAND, ME 041066938	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
GIRL SCOUTS OF MAINE INC 138 GANNETT DR SO PORTLAND, ME 041066938	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
GIRL SCOUTS OF MAINE INC 138 GANNETT DR SO PORTLAND, ME 041066938	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF MAINE INC 138 GANNETT DR SO PORTLAND, ME 041066938	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE MAINE HERITAGE POLICY CENTER PO BOX 7829 PORTLAND, ME 041127829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROMAN CATHOLIC BISHOP OF PORTLAND A 121 GRACELAWN RD AUBURN, ME 042106452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE PUBLIC BROADCASTING CORPORATI 1450 LISBON ST LEWISTON, ME 042403514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TREE STREET YOUTH INC144 HOWE ST LEWISTON, ME 042406421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DEMPSEY CENTERS FOR QUALITY CANCER 29 LOWELL ST STE 5 LEWISTON, ME 042407600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMPSEY CENTERS FOR QUALITY CANCER 29 LOWELL ST STE 5 LEWISTON, ME 042407600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THOMPSON LAKE ENVIRONMENTAL ASSOCIA PO BOX 25 OXFORD, ME 042700025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
OAK HILL HIGH SCHOOL BOOSTER CLUB PO BOX 523 SABATTUS, ME 042800523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SABATTUS RECREATION CLUB INC PO BOX 690 SABATTUS, ME 042800690	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WEBB LAKE ASSOCIATIONPO BOX 36 WELD, ME 042850036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR MAINES GRADUATES INC 65 STONE STREET AUGUSTA, ME 043307889	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPORTMANS ALLIANCE OF MAINE INC 205 CHURCH HILL RD AUGUSTA, ME 043308210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAINE WILDERNESS WATERSHED TRUST IN PO BOX 5660 AUGUSTA, ME 043325660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF MAINE 72B MAIN ST WINTHROP, ME 043641406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OHI25 FREEDOM PKWY HERMON, ME 044011100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OHI25 FREEDOM PKWY HERMON, ME 044011100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHI25 FREEDOM PKWY HERMON, ME 044011100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAINE TROOP GREETERS 287 GODFREY BLVD BANGOR, ME 044013025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EASTERN MAINE HEALTHCARE SYSTEMS PO BOX 931 BANGOR, ME 044020931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINESTREAM FINANCE 262 HARLOW ST BANGOR, ME 044021162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PENQUIS C A P INC262 HARLOW ST BANGOR, ME 044021162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BANGOR SYMPHONY ORCHESTRA PO BOX 1441 BANGOR, ME 044021441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BUCKSPORT AREA CHILD CARE CENTER IN 67 MILES LANE BUCKSPORT, ME 044160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE WHITE CENTER 572 BANGOR RD DOVERFOXCROFT, ME 044260380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOXCROFT ACADEMY TRUSTEES 975 W MAIN ST DOVR FOXCROFT, ME 044261067	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CAMP CAPELLA INC8 PEARL POINT RD HOLDEN, ME 044290000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
BRONCO TRAVEL SOCCER CLUB PO BOX 573 HAMPDEN, ME 044440573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MAINE SYSTEM INC BUCHANAN ALUMNI HOUSE TWO ALUMNI PLACE ORONO, ME 044695792	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF MAINE FOUNDATION BUCHANAN ALUMNI HOUSE TWO ALUMNI PL ORONO, ME 044695792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MAINE FOUNDATION BUCHANAN ALUMNI HOUSE TWO ALUMNI PL ORONO, ME 044695792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MAINE FOUNDATION BUCHANAN ALUMNI HOUSE TWO ALUMNI PL ORONO, ME 044695792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEROY H SMITH SCHOOL 319 S MAIN ST PO BOX 10 WINTERPORT, ME 044960010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LEROY H SMITH SCHOOL 319 S MAIN ST PO BOX 10 WINTERPORT, ME 044960010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MID COAST MAINE INC 34 WING FARM PARKWAY SUITE 201 BATH, ME 045301515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DAMARISCOTTA RIVER ASSOCIATION PO BOX 333 DAMARISCOTTA, ME 045430333	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LINCOLNHEALTH35 MILES ST DAMARISCOTTA, ME 045434047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL KIDS PRESCHOOL 12 JACKIES TRL DAMARISCOTTA, ME 045434253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHEWONKI FOUNDATION INC 485 CHEWONKI NECK RD WISCASSET, ME 045784822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MAINE COMMUNITY FOUNDATION INC 245 MAIN ST ELLSWORTH, ME 046051613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE COMMUNITY FOUNDATION INC 245 MAIN ST ELLSWORTH, ME 046051613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SOCIETY FOR THE PREVENTION OF CRUEL 141 BAR HARBOR RD TRENTON, ME 046055813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOUNT DESERT ISLAND HOSPITAL PO BOX 8 BAR HARBOR, ME 046090008	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 046091430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 046091430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TREE OF LIFEPO BOX 1329 BLUE HILL, ME 046141329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READY BY 21 MENTORINGPO BOX 216 DEER ISLE, ME 046270216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
READY BY 21 MENTORINGPO BOX 216 DEER ISLE, ME 046270216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HARBOR HOUSE COMMUNITY SERVICE CENT PO BOX 836 SOUTHWEST HBR, ME 046790836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE COMMUNITY SERVICE CENT PO BOX 836 SOUTHWEST HBR, ME 046790836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTER FOR MAINE CONTEMPORARY ART PO BOX 1767 ROCKLAND, ME 048411767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	957
CAMDEN-ROCKPORT MIDDLE SCHOOL 34 KNOWLTON STREET CAMDEN, ME 048431537	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POINTS NORTH INSTITUTEPO BOX 836 CAMDEN, ME 048430836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,350
LITTLE LEAGUE BASEBALL INC PO BOX 1426 CAMDEN, ME 048431426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ATLANTIC ENGINE COMPANY NO 2 31 WASHINGTON STREET CAMDEN, ME 048431521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC ENGINE COMPANY NO 2 31 WASHINGTON STREET CAMDEN, ME 048431521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ISLESBORO COMMUNITY FUND PO BOX 166 ISLESBORO, ME 048480166	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISLESBORO ISLANDS TRUST PO BOX 182 ISLESBORO, ME 048480182	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE COAST ANIMAL RESCUE PO BOX 670 LINCOLNVILLE, ME 048490670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WATERMANS COMMUNITY CENTER PO BOX 526 NORTH HAVEN, ME 048530526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RILEY SCHOOL INCPO BOX 159 ROCKPORT, ME 048560159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P A W S ANIMAL ADOPTION CENTER PO BOX 707 ROCKPORT, ME 048560707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAINE CHILDRENS HOME FOR LITTLE WAN 93 SILVER ST WATERVILLE, ME 049015923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WALDO COUNTY TRIAD INCPO BOX 125 BELFAST, ME 049150125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELFAST MASKERSPO BOX 541 BELFAST, ME 049151017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BELFAST MASKERSPO BOX 541 BELFAST, ME 049151017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 049151153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 049151153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
LITTLE RIVER BAPTIST CHURCH 259 NORTHPORT AVE BELFAST, ME 049156006	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BELFAST FREE LIBRARY106 HIGH ST BELFAST, ME 049156346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE FARMLAND TRUST INC 97 MAIN ST BELFAST, ME 049156536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAINE YOUTH ALLIANCE78A MAIN ST BELFAST, ME 049156825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAINE YOUTH ALLIANCE78A MAIN ST BELFAST, ME 049156825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COUNTY YOUNG MENS CHRISTIAN A 157 LINCOLNVILLE AVE BELFAST, ME 049157401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LIBERTY LIBRARY ASSOCIATION PO BOX 280 LIBERTY, ME 049490000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VIEW HIGH SCHOOL 577 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
MT VIEW HIGH SCHOOL 577 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
MT VIEW HIGH SCHOOL 577 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
UPPER VALLEY HAVEN INC 713 HARTFORD AVE WHITE RIVER JCT, VT 050018037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UPPER VALLEY HAVEN INC 713 HARTFORD AVE WHITE RIVER JCT, VT 050018037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALOHA FOUNDATION INC 2968 LAKE MOREY RD FAIRLEE, VT 050459400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALOHA FOUNDATION INC 2968 LAKE MOREY RD FAIRLEE, VT 050459400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ALOHA FOUNDATION INC 2968 LAKE MOREY RD FAIRLEE, VT 050459400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VERMONT CENTER FOR ECOSTUDIES I PO BOX 420 NORWICH, VT 050550420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
THE VERMONT CENTER FOR ECOSTUDIES I PO BOX 420 NORWICH, VT 050550420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICANS CARING TEACHING SHARING I PO BOX 433 NORWICH, VT 050550433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR PUBLIC LIBRARY 43 STATE ST WINDSOR, VT 050891213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OKEMO TUTORIAL PROGRAM INC 53 MAIN ST LUDLOW, VT 051491114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
OKEMO TUTORIAL PROGRAM INC 53 MAIN ST LUDLOW, VT 051491114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARLOS OTIS STRATTON MOUNTAIN CLINI PO BOX 617 STRATTON MTN, VT 051550617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SOUTHERN VERMONT ARTS CENTER INCORP BOX 617 MANCHESTER, VT 052540617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
VERMONT JAZZ CENTER INC 72 COTTONMILL HILL SUITE 222 BRATTLEBORO, VT 053017170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JILL E HARRINGTON HANZALIK MEMORIAL PO BOX 797 BRATTLEBORO, VT 053020797	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALCUTTA KIDS INCPO BOX 465 MARLBORO, VT 053440000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DISABLED SPORTS USA 39 MOUNT SNOW ROAD WEST DOVER, VT 053560000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEERFIELD VALLEY FOOD PANTRY INCORP PO BOX 1743 WILMINGTON, VT 053631743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VERMONT AND STATE AGR AGRICUL COLLEGE FOUNDATION 411 MA BURLINGTON, VT 054010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BROWN LEDGE FOUNDATION INC 25 WILSON ST BURLINGTON, VT 054013352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN LEDGE FOUNDATION INC 25 WILSON ST BURLINGTON, VT 054013352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BURLINGTON CITY ARTS FOUNDATION INC 135 CHURCH ST BURLINGTON, VT 054018429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SPECIAL OLYMPICS VERMONT 16 GREGORY DR STE 2 S BURLINGTON, VT 054036015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT CATHOLIC CHARITIES INC 55 JOY DR S BURLINGTON, VT 054036119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE DREAM PROGRAM INCPO BOX 361 WINOOSKI, VT 054040361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUR LADY OF PROVIDENCE VT INC 47 W SPRING ST WINOOSKI, VT 054041319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 265 COLCHESTER, VT 054391000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 265 COLCHESTER, VT 054391000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLA VOCE INCORPORATED 14 ASPEN DR ESSEX JCT, VT 054524374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANGELES PARA HONDURASPO BOX 201 NORTH HERO, VT 054740201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 054820000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT FOODBANK33 PARKER RD BARRE, VT 056419106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE JOSLIN MEMORIAL LIBR PO BOX 359 WAITSFIELD, VT 056730359	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
STARK MOUNTAIN FOUNDATION INC PO BOX 1221 WAITSFIELD, VT 056731221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,829
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STARK MOUNTAIN FOUNDATION INC PO BOX 1221 WAITSFIELD, VT 056731221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
GREEN MOUNTAIN CLUB INC 4711 WATERBURY STOWE RD WATERBURY CENTER, VT 056778050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
QUIN-TOWN CENTER FOR SENIOR CITIZEN PO BOX 113 HANCOCK, VT 057480113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUIN-TOWN CENTER FOR SENIOR CITIZEN PO BOX 113 HANCOCK, VT 057480113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VERMONT ADAPTIVE SKI & SPORTS PO BOX 139 KILLINGTON, VT 057510139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,208
VERMONT ADAPTIVE SKI & SPORTS PO BOX 139 KILLINGTON, VT 057510139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT ADAPTIVE SKI & SPORTS PO BOX 139 KILLINGTON, VT 057510139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	258
PRESIDENT & FRIENDS OF MIDDLEBURY C 84 S SERVICE RD STE 217 MIDDLEBURY, VT 057536012	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
EASTVIEW AT MIDDLEBURY 100 EASTVIEW TERRACE MIDDLEBURY, VT 057539327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 060012716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 060012716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 060012716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFTS OF LOVE INCPO BOX 463 AVON, CT 060010463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CORNELIA DE LANGE SYNDROME FOUNDATI 302 W MAIN ST STE 100 AVON, CT 060013681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CORNELIA DE LANGE SYNDROME FOUNDATI 302 W MAIN ST STE 100 AVON, CT 060013681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS CENTER FOR AUTISM INC PO BOX 452 CANTON, CT 060190452	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MUSEUM INC 70 GRACEY ROAD CANTON, CT 060192113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CANTON EMERGENCY FUEL BANK CANTON T 755 CHERRY BROOK RD CANTON, CT 060195016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTON LAND CONSERVATION TRUST INC PO BOX 41 CANTON CENTER, CT 060200041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AROUND THE WORLDS AROUND THE WORLD 126 WINDERMERE AVE ELLINGTON, CT 060293856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT CHINESE CULTURE ASSOCIA 2 BURNT HILL RD FARMINGTON, CT 060322039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 060322232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	725
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 060322232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 76 BATTERSON PARK RD FARMINGTON, CT 060322565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAWKWING INC306 CAVAN LN GLASTONBURY, CT 060332405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GRANBY LAND TRUST INCPO BOX 23 GRANBY, CT 060350023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SLOANE INCORPORATED 124 INDIAN MOUNTAIN RD LAKEVILLE, CT 060390000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOTCHKISS SCHOOL 11 INTERLAKEN RD LAKEVILLE, CT 060392141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,141
POP WARNER LITTLE SCHOLARS INC 47 HILLSIDE ST MANCHESTER, CT 060423638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR COMPANIONS DOMESTIC ANIMAL SANC PO BOX 956 MANCHESTER, CT 060450956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
CCSU FOUNDATION INCPO BOX 612 NEW BRITAIN, CT 060500612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CCSU FOUNDATION INCPO BOX 612 NEW BRITAIN, CT 060500612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLISH AMERICAN FOUNDATION OF CONNE 27 GROVE HILL STREET NEW BRITAIN, CT 060521368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POLISH AMERICAN FOUNDATION OF CONNE 27 GROVE HILL STREET NEW BRITAIN, CT 060521368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
POLISH AMERICAN FOUNDATION OF CONNE 27 GROVE HILL STREET NEW BRITAIN, CT 060521368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KLINGBERG COMPREHENSIVE PROGRAM SER 370 LINWOOD ST NEW BRITAIN, CT 060521949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PETIT FAMILY FOUNDATION P O BOX 310 PLAINVILLE, CT 060620000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FARMINGTON SOCCER CLUB INC 18 FOX RD PLAINVILLE, CT 060621820	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALISBURY SCHOOL251 CANAAN ROAD SALISBURY, CT 060681602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
SALISBURY VISITING NURSE ASSOCIATIO 30 A SALMON KILL ROAD SALISBURY, CT 060681902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRI-STATE PUBLIC COMMUNICATIONS INC 67 MAIN ST SHARON, CT 060692018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 060701812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 060701812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 060701812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 060701812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 060701812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,050
TRUSTEES OF WESTMINSTER SCHOOL INC WESTMINSTER SCHOOL SIMSBURY, CT 060700000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF WESTMINSTER SCHOOL INC WESTMINSTER SCHOOL SIMSBURY, CT 060700000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	545
THEATRE GUILD OF SIMSBURY LTD PO BOX 92 SIMSBURY, CT 060700092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MCLEAN FOUNDATION INC 75 GREAT POND ROAD SIMSBURY, CT 060709912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIP R SMITH SCHOOL PARENT TEACHE 949 AVERY ST SOUTH WINDSOR, CT 060742306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TIMOTHY EDWARDS MIDDLE SCHOOL PTO 98 CORNERSTONE DR SOUTH WINDSOR, CT 060742399	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN SECONDARY SCHOOLS FOR INTE PO BOX 969 SUFFIELD, CT 060780969	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAZARDVILLE MEMORIAL SCHOOL PTO 68 N MAPLE ST ENFIELD, CT 060823904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KEVIN ADORNO MEMORIAL FUND 71 WALNUT ST UNIONVILLE, CT 060851159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMYS ANGELS CORPORATION 90 HOPMEADOW STREET SIMSBURY, CT 060899698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYS ANGELS CORPORATION 90 HOPMEADOW STREET SIMSBURY, CT 060899698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLCOMB FARM INC113 SIMSBURY RD WEST GRANBY, CT 060901605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WINDSOR MONTESSORI SCHOOL 114 PALISADO AVENUE WINDSOR, CT 060952531	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,450
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR LIBRARY ASSOCIATION AGENT F PO BOX 673 WINDSOR, CT 060950673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NATIONAL CONFERENCE FOR COMMUNITY & 820A PROSPECT HILL ROAD STE A WINDSOR, CT 060951782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
VINTAGE RADIO AND COMMUNICATIONS MU 115 PIERSON LN WINDSOR, CT 060952050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR POLICE CADETS INC 340 BLOOMFIELD AVE WINDSOR, CT 060952709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KENWAYS CAUSE53 NOD RD WINDSOR, CT 060953249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CONNECTICUT RADIO INFORMATION SYSTE 315 WINDSOR AVE WINDSOR, CT 060954557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD HOSPITAL 80 SEYMOUR STEET PO BOX 5037 HARTFORD, CT 061025037	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	212
NIGHT FALL INC45 CHURCH ST HARTFORD, CT 061031202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HARTFORD PUBLIC LIBRARY 500 MAIN ST HARTFORD, CT 061033003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WATKINSON SCHOOL 180 BLOOMFIELD AVE HARTFORD, CT 061051009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS AUXILIARY OF SAINT FRANCIS H 114 WOODLAND ST HARTFORD, CT 061051208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
URBAN LEAGUE OF GREATER HARTFORD IN 140 WOODLAND STREET HARTFORD, CT 061051210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HARC INC900 ASYLUM AVENUE HARTFORD, CT 061051985	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR CHILDRENS ADVOCACY INC 65 ELIZABETH ST HARTFORD, CT 061052259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR CHILDRENS ADVOCACY INC 65 ELIZABETH ST HARTFORD, CT 061052259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	494
TRINITY ACADEMY OF HARTFORD 120 SIGOURNEY ST HARTFORD, CT 061052755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
TRINITY ACADEMY OF HARTFORD 120 SIGOURNEY ST HARTFORD, CT 061052755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES INC ARCHDIOCESE 839-841 ASYLUM AVENUE HARTFORD, CT 061052801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
ASYLUM HILL CONGREGATIONAL CHURCH 814 ASYLUM AVE HARTFORD, CT 061052805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HARRIET BEECHER STOWE CENTER INC 77 FOREST STREET HARTFORD, CT 061053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVE HARTFORD, CT 061053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVE HARTFORD, CT 061053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVE HARTFORD, CT 061053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REAL ART WAYS INC56 ARBOR ST HARTFORD, CT 061061222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
REAL ART WAYS INC56 ARBOR ST HARTFORD, CT 061061222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
KNOX INC75 LAUREL STREET HARTFORD, CT 061061345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX INC75 LAUREL STREET HARTFORD, CT 061061345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET SUITE 3 HARTFORD, CT 061061377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET SUITE 3 HARTFORD, CT 061061377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET SUITE 3 HARTFORD, CT 061061377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
END HUNGER CONNECTICUT INC 65 HUNGERFORD ST HARTFORD, CT 061061425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET HARTFORD, CT 061061430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 75 CHARTER OAK AVENUE SUITE 2-250 HARTFORD, CT 061061430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COALITION TO END HOMELE 257 LAWRENCE STREET HARTFORD, CT 061061710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CONNECTICUT FARMLAND TRUST INC 77 BUCKINGHAM ST HARTFORD, CT 061061756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GRACE ACADEMY INC277 MAIN ST HARTFORD, CT 061061818	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE ACADEMY INC277 MAIN ST HARTFORD, CT 061061818	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GRACE ACADEMY INC277 MAIN ST HARTFORD, CT 061061818	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
CONNECTICUT COUNCIL FOR PHILANTHROP 221 MAIN ST HARTFORD, CT 061061890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FUEL INC 75 CHARTER OAK AVE HARTFORD, CT 061061903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
OPERATION FUEL INC 75 CHARTER OAK AVE HARTFORD, CT 061061903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
OPERATION FUEL INC 75 CHARTER OAK AVE HARTFORD, CT 061061903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS CONNECTICUT INC 110 BARTHOLOMEW AVE STE 3050 HARTFORD, CT 061062251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,100
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITOL SQUASH INC 300 SUMMIT STREET BOX 702611 HARTFORD, CT 061063100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 061063317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	805
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	225
THE BRIDGE FAMILY CENTER INC 1022 FARMINGTON AVENUE WEST HARTFORD, CT 061072015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEDICAL AID TO HAITI INC 80 S MAIN ST WEST HARTFORD, CT 061072408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 45 ASH ST EAST HARTFORD, CT 061083294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
AMERICAN LUNG ASSOCIATION 45 ASH ST EAST HARTFORD, CT 061083294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,028
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,036
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LUCY ROBBINS WELLES 95 CEDAR STREET NEWINGTON, CT 061112603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NEWINGTON STUDENT ASSISTANCE FUND I 1133 MAIN ST NEWINGTON, CT 061112917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 659 TOWER AVE FIRST FLOOR HARTFORD, CT 061121269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 659 TOWER AVE FIRST FLOOR HARTFORD, CT 061121269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	792
NATIONAL MULTIPLE SCLEROSIS SOCIETY 659 TOWER AVE FIRST FLOOR HARTFORD, CT 061121269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CONNECTICUT INSTITUTE FOR THE BLIND 120 HOLCOMB STREET HARTFORD, CT 061121529	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT INSTITUTE FOR THE BLIND 120 HOLCOMB STREET HARTFORD, CT 061121529	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
MERCY HOUSING & SHELTER CORP 211 WETHERSFIELD AVENUE HARTFORD, CT 061141148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MERCY HOUSING & SHELTER CORP 211 WETHERSFIELD AVENUE HARTFORD, CT 061141148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP COURANT INCORPORATED 285 BROAD ST HARTFORD, CT 061153785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP COURANT INCORPORATED 285 BROAD ST HARTFORD, CT 061153785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GENGRAS CENTERST JOSEPH COLLEGE 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172764	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER HARTFO 333 BLOOMFIELD AVE STE C HARTFORD, CT 061171500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JEWISH FAMILY SERVICE OF GREATER HA 333 BLOOMFIELD AVE WEST HARTFORD, CT 061171500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,575
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF THE UNITED STATES AR 1385 TROUT BROOK DR WEST HARTFORD, CT 061172650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE 216 HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE 216 HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE LYNCH HALL 216 WEST HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE 216 HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MERCY COMMUNITY HEALTH INC 2021 ALBANY AVE WEST HARTFORD, CT 061172789	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROTECTORS OF ANIMALS INC 144 MAIN ST UNIT O EAST HARTFORD, CT 061183239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROTECTORS OF ANIMALS INC 144 MAIN ST UNIT O EAST HARTFORD, CT 061183239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ADOPTA UNA FAMILIA INC 136 WHITING LN WEST HARTFORD, CT 061191641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF BREAD INC1453 MAIN ST HARTFORD, CT 061202726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOUSE OF BREAD INC1453 MAIN ST HARTFORD, CT 061202726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER HARTFORD ARTS COUNCIL INCOR 100 PEARL STREET HARTFORD, CT 061231436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1933 HARTFORD, CT 061441933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1933 HARTFORD, CT 061441933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
DAVID LAWTON MEMORIAL FUND 162 SAWMILL HILL RD DANIELSON, CT 062394010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POMFRET SCHOOLPO BOX 128 POMFRET, CT 062580128	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
POMFRET SCHOOLPO BOX 128 POMFRET, CT 062580128	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	528
POMFRET SCHOOLPO BOX 128 POMFRET, CT 062580128	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELLENIC SOCIETY PAIDEIA INC PO BOX 818 STORRS, CT 062680818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN CONNECTICUT CULTURAL C PO BOX 95 NEW LONDON, CT 063200095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COLLEGE 270 MOHEGAN AVE BECKER HOUSE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
CONNECTICUT COLLEGE 270 MOHEGAN AVE BECKER HOUSE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CONNECTICUT COLLEGE 270 MOHEGAN AVE BECKER HOUSE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COLLEGE 270 MOHEGAN AVE BECKER HOUSE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	718
CONNECTICUT COLLEGE 270 MOHEGAN AVE BECKER HOUSE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	121
NATIONAL COAST GUARD MUSEUM ASSOCIA 78 HOWARD STREET SUITE A NEW LONDON, CT 063206042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD AND FAMILY AGENCY OF SOUTHEAS 255 HEMPSTEAD ST NEW LONDON, CT 063206204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BRIAN DAGLE FOUNDATION INC 5 RIVERHEAD LN EAST LYME, CT 063331726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMPASSION FOR CATS OF NEW LONDON C 275 S BURNHAM HWY LISBON, CT 063513111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF MYSTIC CHARITABLE FU PO BOX 153 MYSTIC, CT 063550153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MYSTIC SEAPORT MUSEUM INC 75 GREENMANVILLE AVENUE MYSTIC, CT 063550990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MYSTIC SEAPORT MUSEUM INC 75 GREENMANVILLE AVENUE MYSTIC, CT 063550990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THAMES RIVER COMMUNITY SERVICE INC ONE THAMES RIVER PLACE NORWICH, CT 063607180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ANGEL CHARITIES INCPO BOX 1013 OLD LYME, CT 063710999	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HIGH HOPES THERAPEUTIC RIDING INC 36 TOWN WOODS RD OLD LYME, CT 063711142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DANCE ENSEMBLE INC 8 CHAPMAN AVE QUAKER HILL, CT 063751309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STONINGTON VOLUNTEER AMBULANCE CORP PO BOX 424 STONINGTON, CT 063780424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COAST GUARD FOUNDATION INC 394 TAUGWONK RD STONINGTON, CT 063781807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEANS MILL ELEMENTARY SCHOOL PARENT 35 DEANS MILL RD STONINGTON, CT 063782104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PAWCATUCK NEIGHBORHOOD CENTER INC 27 CHASE ST PAWCATUCK, CT 063792126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ST BERNARD SCHOOL 1593 NORWICH NEW LONDON TPKE UNCASVILLE, CT 063821319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BERNARD SCHOOL 1593 NORWICH NEW LONDON TPKE UNCASVILLE, CT 063821319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
DERBY DAY CARE CENTER INC 219 DIVISION ST ANSONIA, CT 064011138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COMMUNITY DINING ROOM INC 30 HARRISON AVE BRANFORD, CT 064053047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESHIRE COMMUNITY FOOD PANTRY INC PO BOX 457 CHESHIRE, CT 064100457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHESHIRE COMMUNITY FOOD PANTRY INC PO BOX 457 CHESHIRE, CT 064100457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHESHIRE WILDCATS INCPO BOX 1308 CHESHIRE, CT 064105308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY CARTER HULL LIBRARY INC 10 KILLINGWORTH TPKE CLINTON, CT 064131323	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRIFFIN HOSPITAL130 DIVISION ST DERBY, CT 064181326	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
TEAM INC30 ELIZABETH ST DERBY, CT 064181802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTER CITIES ESSEX HAITI INC PO BOX 26 ESSEX, CT 064260026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SHORELINE SOUP KITCHENS & PANTRIES PO BOX 804 ESSEX, CT 064260804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
PROJECT MUSIC HEALS US INC 15 BRIARWOOD DR GUILFORD, CT 064371843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHORELINE ARTS ALLIANCE INC 725 BOSTON POST ROAD GUILFORD, CT 064372736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF MERIDEN AND WALLINGFO 35 PLEASANT STREET SUITE 1E MERIDEN, CT 064505786	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF MERIDEN INC 15 LINCOLN STREET MERIDEN, CT 064513132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MERIDEN INC 15 LINCOLN STREET MERIDEN, CT 064513132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
EPILEPSY FOUNDATION OF CONNECTICUT 386 MAIN STREET MIDDLETOWN, CT 064573360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MIDDLESEX COUNTY HISTORICAL SOCIETY 151 MAIN ST MIDDLETOWN, CT 064573423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 32 MILFORD, CT 064600032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY ST MILFORD, CT 064603455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY ST MILFORD, CT 064603455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTOWN LIONS FOUNDATION INC PO BOX 218 NEWTOWN, CT 064700218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEWTOWN SCHOLARSHIP ASSOCIATION INC PO BOX 302 NEWTOWN, CT 064700302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAROLINE PREVIDI FOUNDATION INC PO BOX 3482 NEWTOWN, CT 064703482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	172
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	562
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	328
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,348
CATHERINE VIOLET HUBBARD FOUNDATION PO BOX 3571 NEWTOWN, CT 064703571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HAVEN INC89 MILL RD NORTH HAVEN, CT 064733447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANIMAL HAVEN INC89 MILL RD NORTH HAVEN, CT 064733447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LIVEWELL ALLIANCE INC 1261 S MAIN ST PLANTSVILLE, CT 064791750	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER STAGE THEATRE INC 494 BRIDGEPORT AVE SHELTON, CT 064844748	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHOATE ROSEMARY HALL FOUNDATION INC 333 CHRISTIAN ST WALLINGFORD, CT 064923818	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROWERS INC86 ANDERSON RD WALLINGFORD, CT 064925503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GAYLORD HOSPITAL INCPO BOX 400 WALLINGFORD, CT 064927048	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NEW HAVEN INTERNATIONAL FESTIVAL OF 195 CHURCH ST 12TH FLOOR NEW HAVEN, CT 065102009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI FUND ASSOCIATION OF YALE UNI 157 CHURCH ST NEW HAVEN, CT 065102100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
ALUMNI FUND ASSOCIATION OF YALE UNI 157 CHURCH ST NEW HAVEN, CT 065102100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ELM CITY DANCE COLLECTIVE INC 760 CHAPEL ST NEW HAVEN, CT 065103104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE-NEW HAVEN MEDICAL CENTER INC 20 YORK ST NEW HAVEN, CT 065103220	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
FOOTE SCHOOL50 LOOMIS PLACE NEW HAVEN, CT 065112223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NEW HAVEN PRESERVATION TRUST INC 922 STATE ST NEW HAVEN, CT 065110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CENTER FOR ARTS & TECHN 4 SCIENCE PARK NEW HAVEN, CT 065111962	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
FOOTE SCHOOL ASSOCIATION INC 50 LOOMIS PL NEW HAVEN, CT 065112223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NEW HAVEN HOMEOWNERSHIP CENTER INC 333 SHERMAN AVE NEW HAVEN, CT 065113107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP EDUCATION AND ATHLETICS 31 JEFFERSON ST NEW HAVEN, CT 065114947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEADERSHIP EDUCATION AND ATHLETICS 31 JEFFERSON ST NEW HAVEN, CT 065114947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LEADERSHIP EDUCATION AND ATHLETICS 31 JEFFERSON ST NEW HAVEN, CT 065114947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW REACH INC153 EAST ST NEW HAVEN, CT 065115916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CONNECTICUT FOOD BANK INC PO BOX 8686 EAST HAVEN, CT 065120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT WOMENS HALL OF FAME INC 320 FITCH ST SCHWARTZ HALL B3 SCSU NEW HAVEN, CT 065151306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT WOMENS HALL OF FAME INC 320 FITCH ST SCHWARTZ HALL B3 SCSU NEW HAVEN, CT 065151306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
HOPKINS SCHOOL INCORPORATED 986 FOREST RD NEW HAVEN, CT 065152501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,250
HOPKINS SCHOOL INCORPORATED 986 FOREST RD NEW HAVEN, CT 065152501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE STREET HAMDEN, CT 065172232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE STREET HAMDEN, CT 065172232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT TRUST FOR HISTORIC PRES 940 WHITNEY AVE HAMDEN, CT 065174002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT TRUST FOR HISTORIC PRES 940 WHITNEY AVE HAMDEN, CT 065174002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YALE UNIVERSITYPO BOX 208239 NEW HAVEN, CT 065208239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITY222 YORK STREET NEW HAVEN, CT 065208244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YALE UNIVERSITYPO BOX 208356 NEW HAVEN, CT 065208356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,575
YALE UNIVERSITYPO BOX 208356 NEW HAVEN, CT 065208356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 209010 NEW HAVEN, CT 065209010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YALE UNIVERSITYPO BOX 209010 NEW HAVEN, CT 065209010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
YALE UNIVERSITYPO BOX 209010 NEW HAVEN, CT 065209010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
AMITY TEEN CENTER INCPO BOX 3671 WOODBRIDGE, CT 065250671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMITY TEEN CENTER INCPO BOX 3671 WOODBRIDGE, CT 065250671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NEW HAVEN ANIMAL SHE PO BOX 9056 NEW HAVEN, CT 065320056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
THE CHILD AND FAMILY GUIDANCE CENTE 180 FAIRFIELD AVE 2ND FL BRIDGEPORT, CT 066044252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPLIED BEHAVIORAL REHABILITATION I 655 PARK AVENUE BRIDGEPORT, CT 066044634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
APPLIED BEHAVIORAL REHABILITATION I 655 PARK AVENUE BRIDGEPORT, CT 066044634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOUSATONIC COMMUNITY COLLEGE FOUNDA 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 066044704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSATONIC COMMUNITY COLLEGE FOUNDA 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 066044704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF WESTERN CONNE 835 MAIN STREET BRIDGEPORT, CT 066044872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CAREER RESOURCES INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 066046014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREER RESOURCES INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 066046014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIFEBRIDGE COMMUNITY SERVICES INC 475 CLINTON AVENUE BRIDGEPORT, CT 066051702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
URBAN IMPACT OF BLACK ROCK INCORPOR PO BOX 3716 BRIDGEPORT, CT 066058716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATIONS IN EDUCATION INC 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
FOUNDATIONS IN EDUCATION INC 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATIONS IN EDUCATION INC 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FOUNDATIONS IN EDUCATION INC 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,557
ST VINCENTS FOUNDATION INC 2800 MAIN ST BRIDGEPORT, CT 066064201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MCGIVNEY COMMUNITY CENTER INC PO BOX 5220 BRIDGEPORT, CT 066100220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF COASTAL FAI 1542 BARNUM AVE BRIDGEPORT, CT 066103238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RYANS REBELSPO BOX 110149 TRUMBULL, CT 066110149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STAMFORD ALUMNI FOUNDATION INC 17 CLEMENS AVE TRUMBULL, CT 066111958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETT SYNDROME RESEARCH TRUST INC 67 UNDER CLIFF RD TRUMBULL, CT 066112550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RETT SYNDROME RESEARCH TRUST INC 67 UNDER CLIFF RD TRUMBULL, CT 066112550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
RETT SYNDROME RESEARCH TRUST INC 67 UNDER CLIFF RD TRUMBULL, CT 066112550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTON COMMUNITY CENTER INC 364 SPORT HILL RD EASTON, CT 066121714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TAP CANCER OUT INC 30 CRESTED RIDGE CT STRATFORD, CT 066142719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	178
GIRLS LEAD INCPO BOX 1379 STRATFORD, CT 066158762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERBURY YOUTH SERVICES INC 83 PROSPECT STREET WATERBURY, CT 067021409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATERBURY YOUTH SERVICES INC 83 PROSPECT STREET WATERBURY, CT 067021409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WELLMORE INC141 EAST MAIN ST WATERBURY, CT 067022310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLMORE INC141 EAST MAIN ST WATERBURY, CT 067022310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WATERBURY ARC INC1929 E MAIN ST WATERBURY, CT 067051851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GOSHEN LAND TRUSTPO BOX 51 GOSHEN, CT 067560051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOSHEN COMMUNITY CARE AND HOSPICE I PO BOX 202 GOSHEN, CT 067560202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FORMAN SCHOOL INC 12 NORFOLK RD LITCHFIELD, CT 067592537	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THE WATERBURY CHORALE INC PO BOX 36 MIDDLEBURY, CT 067620036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANTERBURY SCHOOL101 ASPETUCK NEW MILFORD, CT 067761739	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
GUNNERY INCORPORATED 99 GREEN HILL RD WASHINGTON, CT 067931200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GUNNERY INCORPORATED 99 GREEN HILL RD WASHINGTON, CT 067931200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUNNERY INCORPORATED 99 GREEN HILL RD WASHINGTON, CT 067931200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
AFTER SCHOOL ARTS PROGRAM INC PO BOX 15 WASHINGTON DEPOT, CT 067940015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,996
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
QUILTS THAT CARE INCPO BOX 166 WATERTOWN, CT 067953002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE GUILD OF ST FRANCIS FOR THE 285 SHARON GOSHEN TPKE WEST CORNWALL, CT 067961506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BROOKFIELD VOLUNTEER FIRE COMPANY I PO BOX 5111 BROOKFIELD, CT 068045111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WELLS OF JOY INC27 MAPLEWOOD DR COS COB, CT 068072601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,184
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COS COB VOLUNTEER FIRE COMPANY NO 1 200 E PUTNAM AVE COS COB, CT 068072750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS CENTER OF GREATER DANBURY CO DANBURY INC 2 WEST STREET DANBURY, CT 068100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANNS PLACE INC80 SAW MILL ROAD DANBURY, CT 068105103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNS PLACE INC80 SAW MILL ROAD DANBURY, CT 068105103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPELINE WOMENS CENTER INC 13 ROSE ST DANBURY, CT 068105809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 068105861	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ORGANIZATION FOR RARE DISO 55 KENOSIA AVE DANBURY, CT 068107326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
FRIENDS OF ASHA NIKETAN INC PO BOX 182 NEW FAIRFIELD, CT 068120182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DARIEN ROTARY FOUNDATION INC PO BOX 44 DARIEN, CT 068200544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FUND OF DARIEN PO BOX 926 DARIEN, CT 068200926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
THE COMMUNITY FUND OF DARIEN PO BOX 926 DARIEN, CT 068200926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE COMMUNITY FUND OF DARIEN PO BOX 926 DARIEN, CT 068200926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAND TRUST OF DARIEN INC PO BOX 1074 DARIEN, CT 068201074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE DARIEN FOUNDATION INC PO BOX 1714 DARIEN, CT 068201714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NOROTON HEIGHTS FIRE DEPARTMENT INC 209 NOROTON AVE DARIEN, CT 068204219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARIEN ATHLETIC FOUNDATION INC 17 OLD KING HWY S STE 140 DARIEN, CT 068204522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR LEAGUE OF STAMFORD NORWALK I 748 POST RD DARIEN, CT 068204719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF STAMFORD NORWALK I 748 POST RD DARIEN, CT 068204719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AT HOME IN DARIEN INC 2 RENSHAW RD DARIEN, CT 068205344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DARIEN LIBRARY INC1441 POST RD DARIEN, CT 068205419	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STICKS FOR SOLDIERS INCPO BOX 475 FAIRFIELD, CT 068240475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
END ALLERGIES TOGETHER INC PO BOX 786 FAIRFIELD, CT 068240786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOPE OF FAIRFIELD INC 636 OLD POST ROAD FAIRFIELD, CT 068245816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OPERATION HOPE OF FAIRFIELD INC 636 OLD POST ROAD FAIRFIELD, CT 068245816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CANCER COUCH FOUNDATION INC 53 ENNIS LN FAIRFIELD, CT 068246489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD HISTORICAL SOCIETY 370 BEACH RD FAIRFIELD, CT 068246639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRADYS SMILEPO BOX 320921 FAIRFIELD, CT 068250921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 068251000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 068251023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 068251023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	170
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,862
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,961
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,655
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	359
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	453
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,500
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,600
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 068304608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 068304608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSENECK FOUNDATION INC 254 E PUTNAM AVE GREENWICH, CT 068304801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
NEIGHBOR TO NEIGHBOR INC 248 E PUTNAM AVE GREENWICH, CT 068304801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEIGHBOR TO NEIGHBOR INC 248 E PUTNAM AVE GREENWICH, CT 068304801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF GREENWICH CONN INC 231 E PUTNAM AVE GREENWICH, CT 068304808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
JUNIOR LEAGUE OF GREENWICH CONN INC 231 E PUTNAM AVE GREENWICH, CT 068304808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
GLENVILLE MAVERICKS INC 5 FAIRVIEW TERRACE GREENWICH, CT 068305337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AT HOME IN GREENWICH INC 139 E PUTNAM AVE GREENWICH, CT 068305612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 068306327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 068306327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH COMMUNITY GARDENS PO BOX 4743 GREENWICH, CT 068310415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONVENT OF THE SACRED HEART 1177 KING ST GREENWICH, CT 068312935	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
CONVENT OF THE SACRED HEART 1177 KING ST GREENWICH, CT 068312935	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENT OF THE SACRED HEART 1177 KING ST GREENWICH, CT 068312935	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,600
WHITBY SCHOOL INC969 LAKE AVE GREENWICH, CT 068313028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PTSA CONNECTICUT INC 33 RIVERSVILLE RD GREENWICH, CT 068313627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROUND HILL ASSOCIATION INC PO BOX 7424 GREENWICH, CT 068367424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREENS FARMS ACADEMY INC PO BOX 998 GREEN FARMS, CT 068380998	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST LUKE'S SCHOOL 377 N WILTON ROAD NEW CANAAN, CT 068401148	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUKE'S SCHOOL 377 N WILTON ROAD NEW CANAAN, CT 068401148	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
NEW CANAAN CARES INCPO BOX 178 NEW CANAAN, CT 068400178	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
NEW CANAAN LAND CONSERVATION TRUST PO BOX 425 NEW CANAAN, CT 068400425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CANAAN COUNTRY SCHOOL INC 635 FROGTOWN RD NEW CANAAN, CT 068400997	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
NEW CANAAN COUNTRY SCHOOL INC 635 FROGTOWN RD NEW CANAAN, CT 068400997	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	251
FELLOWSHIP OF CHRISTIANS IN UNIVERS PO BOX 1027 NEW CANAAN, CT 068401027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWSHIP OF CHRISTIANS IN UNIVERS PO BOX 1027 NEW CANAAN, CT 068401027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FELLOWSHIP OF CHRISTIANS IN UNIVERS PO BOX 1027 NEW CANAAN, CT 068401027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,425
BLOSSOM HILL FOUNDATION INC 33 SOUNDVIEW LN NEW CANAAN, CT 068402732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST CANDLE INC 49 LOCUST AVE STE 104 NEW CANAAN, CT 068404764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW CANAAN MOUNTED TROOP INC 22 CARTER ST NEW CANAAN, CT 068405005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
FAMILY RE ENTRY INC9 MOTT AVENUE NORWALK, CT 068504034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPPARK 1ST FL NORWALK, CT 068510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPPARK 1ST FL NORWALK, CT 068510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,040
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FLOOR JIM GRAZICK NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FLOOR JIM GRAZICK NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FILLING IN THE BLANKS INC 346 MAIN AVE STE 3A NORWALK, CT 068511591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FILLING IN THE BLANKS INC 346 MAIN AVE STE 3A NORWALK, CT 068511591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 068513436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 068513436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELDERHOUSE INC7 LEWIS ST NORWALK, CT 068514704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSA CONNECTICUT INC1 ROTON AVE ROWAYTON, CT 068531528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,675
AMERICAN CANCER SOCIETY INC 38 RICHARDS AVE NORWALK, CT 068542318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 38 RICHARDS AVE NORWALK, CT 068542318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70,000
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NORWALK HOUSING FOUNDATION INC 24 1/2 MONROE ST NORWALK, CT 068542926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,025
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EDUCATION AND HOPEPO BOX 486 NORWALK, CT 068560486	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOLLY ANN TANGO MEMORIAL FOUNDATION PO BOX 15 RIDGEFIELD, CT 068770015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RIDGEFIELD SUNRISE COTTAGE FOUNDATI PO BOX 486 RIDGEFIELD, CT 068770486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF RIDGEFIELD PARKS AND REC PO BOX 385 RIDGEFIELD, CT 068770633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDERS HALL FOUNDATION INC 193 DANBURY RD RIDGEFIELD, CT 068773213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RIDGEFIELD ACADEMY INC 223A W MOUNTAIN RD RIDGEFIELD, CT 068773627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
RIDGEFIELD ACADEMY INC 223A W MOUNTAIN RD RIDGEFIELD, CT 068773627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEFIELD OPERATION FOR ANIMAL 45 SOUTH ST RIDGEFIELD, CT 068774102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
PTSA CONNECTICUT INC 324 FARMINGVILLE RD RIDGEFIELD, CT 068774241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
FRIENDS OF THE NORWALK RIVER VALLEY 115 NOD HILL RD RIDGEFIELD, CT 068776010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH EMERGENCY MEDICAL SERVICE 1111 EAST PUTNAM AVE RIVERSIDE, CT 068781335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN FUND INC8 HILLY FIELD LN WESTPORT, CT 068802916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
STAPLES DIAMOND CLUB INC 9 GODFREY LN WESTPORT, CT 068804007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSA CONNECTICUT INC 125 POST RD W WESTPORT, CT 068804602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	252
THE SOUTHPORT SCHOOL 214 MAIN STREET SOUTHPORT, CT 068901325	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
WAKEMAN MEMORIAL ASSOCIATION INC PO BOX 118 SOUTHPORT, CT 068900118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKEMAN MEMORIAL ASSOCIATION INC PO BOX 118 SOUTHPORT, CT 068900118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WAKEMAN MEMORIAL ASSOCIATION INC PO BOX 118 SOUTHPORT, CT 068900118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAKEMAN MEMORIAL ASSOCIATION INC PO BOX 118 SOUTHPORT, CT 068900118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEAR & FAR AID ASSOCIATION INC PO BOX 717 SOUTHPORT, CT 068900717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE SOUTHPORT SCHOOL INC 214 MAIN ST SOUTHPORT, CT 068901325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,790
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WILTON LIBRARY ASSOCIATION INCORPOR 137 OLD RIDGEFIELD ROAD WILTON, CT 068973019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FRIENDS OF AMBLER FARM INC PO BOX 7442 WILTON, CT 068977442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAMFORD SCHOOL READINESS FOUNDATIO 888 WASHINGTON BLVD - 6TH FLOOR STAMFORD, CT 069019310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOUSING DEVELOPMENT FUND INC 100 PROSPECT STREET SUITE 100 STAMFORD, CT 069011696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
WOMENS BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 069011914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 069011914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOMENS BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 069011914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WOMENS BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 069011914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAMFORD PEACE YOUTH FOUNDATION INC 925 LONG RIDGE RD STAMFORD, CT 069021104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
ARI OF CONNECTICUT INC 174 RICHMOND HILL AVE STAMFORD, CT 069025629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REACH PREP INC1 DOCK ST STE 100 STAMFORD, CT 069025843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH PREP INC1 DOCK ST STE 100 STAMFORD, CT 069025843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BUILDING ONE COMMUNITY CORP 75 SELLECK ST STAMFORD, CT 069027207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SISTERS OF LIFE159 SKY MEADOW DR STAMFORD, CT 069033400	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BI CULTURAL DAY SCHOOL 2186 HIGH RIDGE RD STAMFORD, CT 069033401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BI CULTURAL DAY SCHOOL 2186 HIGH RIDGE RD STAMFORD, CT 069033401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FERGUSON LIBRARY 1 PUBLIC LIBRARY PLAZA STAMFORD, CT 069040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 BLACK MEN OF STAMFORD INC PO BOX 1313 STAMFORD, CT 069041313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
STAMFORD HOSPITAL 1 HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 069049317	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
STAMFORD HOSPITAL 1 HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 069049317	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVENUE STAMFORD, CT 069052519	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVENUE STAMFORD, CT 069052519	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SCHOLARSHIP AMERICA INC PO BOX 3559 STAMFORD, CT 069050559	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK TO SCHOOL SHOP INC 1127 HIGH RIDGE ROAD 232 STAMFORD, CT 069051203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
STAMFORD JEWISH CENTER INCORPORATED 1035 NEWFIELD AVE STAMFORD, CT 069052521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RED LEASH RESCUE INC 172 DANNELL DR STAMFORD, CT 069052715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAMFORD ROTARY TRUST FUND PO BOX 8026 STAMFORD, CT 069058026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF FELINES INCPO BOX 8147 STAMFORD, CT 069058147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
KIDS HELPING KIDS INC 110 LENOX AVENUE STAMFORD, CT 069062300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYONNE BABE RUTH & CAL RIPKEN BASE PO BOX 3260 BAYONNE, NJ 070020299	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FIGHTING CHILDRENS CANCER FOUNDATIO 55 LANE RD STE 300 FAIRFIELD, NJ 070041015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
KIWANIS AMBULANCE SERVICE OF BOONTO 150 LATHROP AVEPO BOX 16 BOONTON, NJ 070050016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,320
WEST ESSEX FOUNDATION FOR EDUCATION 65 W GREENBROOK RD N CALDWELL, NJ 070064758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALDWELL UNIVERSITY INC 120 BLOOMFIELD AVE CALDWELL, NJ 070065310	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
MOUNT SAINT DOMINIC ACADEMY 3 RYERSON AVENUE CALDWELL, NJ 070066109	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	325
MOUNT SAINT DOMINIC ACADEMY 3 RYERSON AVENUE CALDWELL, NJ 070066109	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOPRIC OF PUBLIC ECUMENICAL AND PO BOX 384 CEDAR GROVE, NJ 070090384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
ROMAN CATHOLIC DIOCESE OF PATERSON 777 VALLEY RD CLIFTON, NJ 070132205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ROMAN CATHOLIC DIOCESE OF PATERSON 777 VALLEY RD CLIFTON, NJ 070132205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTCH PLAINS FANWOOD SCHOLARSHIP F PO BOX 123 FANWOOD, NJ 070230123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
TINY TIM FUND A NJ NON-PROFIT CORPO 78 MIDWAY AVE FANWOOD, NJ 070231037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIDGEWOOD AVE HOME & SCHOOL ASSOCIA 235 RIDGEWOOD AVE GLEN RIDGE, NJ 070281424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOBOKEN DUAL LANGUAGE CHARTER SCHOO 123 JEFFERSON ST HOBOKEN, NJ 070301808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF HOBOKEN DUAL LANGUAGE CH 123 JEFFERSON ST HOBOKEN, NJ 070301808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FRIENDS OF THE ELYSIAN CHARTER SCHO 1460 GARDEN STREET HOBOKEN, NJ 070303873	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ELYSIAN CHARTER SCHO 1460 GARDEN STREET HOBOKEN, NJ 070303873	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	140
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	155
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HOBOKEN PUBLIC EDUCATION FOUNDATION 1125 MAXWELL LN APT 911 HOBOKEN, NJ 070306844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THISTLE FOOTBALL CLUB 653 ELM STREET KEARNY, NJ 070321802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATMIYA CARE CHARITIES INC 2 LINCOLN AVE LAKE HIAWATHA, NJ 070342133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ATMIYA CARE CHARITIES INC 2 LINCOLN AVE LAKE HIAWATHA, NJ 070342133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,001
FRIENDS OF LINDEN ANIMAL SHELTER IN PO BOX 2151 LINDEN, NJ 070360011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LINDEN ANIMAL SHELTER IN PO BOX 2151 LINDEN, NJ 070360011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MORNING STAR COMMUNITY TABERNACLE I 1009 CHANDLER AVE LINDEN, NJ 070361826	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 070394901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE ISLAND INCPO BOX 245 LIVINGSTON, NJ 070390245	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
METROPOLITAN YMCA OF THE ORANGES IN 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN YMCA OF THE ORANGES IN 139 E MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN YMCA OF THE ORANGES IN 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
METROPOLITAN YMCA OF THE ORANGES IN 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION FOR DIABETES RESEARCH A 513 W MT PLEASANT AVE LIVINGSTON, NJ 070391710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETZ CHAIM OF LIVINGSTON INC 1 LAFAYETTE DR LIVINGSTON, NJ 070393410	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,600
ACHIEVE FOUNDATION OF SOUTH ORANGE PO BOX 1084 MAPLEWOOD, NJ 070400084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ACHIEVE FOUNDATION OF SOUTH ORANGE PO BOX 1084 MAPLEWOOD, NJ 070400084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DWIGHT MORROW HIGH SCHOOL EDUCATION 17 WOODHILL DR MAPLEWOOD, NJ 070401009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DWIGHT MORROW HIGH SCHOOL EDUCATION 17 WOODHILL DR MAPLEWOOD, NJ 070401009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF MILLBURN LIBRARY INC 200 GLEN AVE MILLBURN, NJ 070411620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 070421747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 070421747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,500
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 070421747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTCLAIR FOUNDATION INC 21 VAN VLECK STREET MONTCLAIR, NJ 070422373	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PARTNERS FOR WOMEN AND JUSTICE INC 60 SOUTH FULLERTON AVENUE SUITE 106 MONTCLAIR, NJ 070422663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARTNERS FOR WOMEN AND JUSTICE INC 60 SOUTH FULLERTON AVENUE SUITE 106 MONTCLAIR, NJ 070422663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR WOMEN AND JUSTICE INC 60 SOUTH FULLERTON AVENUE SUITE 106 MONTCLAIR, NJ 070422663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
JAZZ HOUSE KIDS INC 347 BLOOMFIELD AVE MONTCLAIR, NJ 070423601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL PKU NEWSPO BOX 43552 MONTCLAIR, NJ 070430552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTCLAIR STATE UNIVERSITY FOUNDATI ONE NORMAL AVE MONTCLAIR, NJ 070431699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MONTCLAIR STATE UNIVERSITY FOUNDATI ONE NORMAL AVE MONTCLAIR, NJ 070431699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONTCLAIR STATE UNIVERSITY FOUNDATI ONE NORMAL AVE MONTCLAIR, NJ 070431699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTCLAIR STATE UNIVERSITY FOUNDATI ONE NORMAL AVE MONTCLAIR, NJ 070431699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BREAKING THE CHAIN THROUGH EDUCATIO 38 MARION RD VERONA, NJ 070441213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SPECTRUM 360 A NEW JERSEY NONPROFIT ONE SUNSET AVE VERONA, NJ 070445118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LISA B FISHMAN FOUNDATION INC 11 WEDGEWOOD DR MONTVILLE, NJ 070459053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ACC CURE6 WESTLAKE DR MONTVILLE, NJ 070459754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAINT BARNABAS HOSPICE AND PALLIATI 95 OLD SHORT HILLS RD WEST ORANGE, NJ 070521008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDA OCH ACADEMY INC 1418 PLEASANT VALLEY WAY WEST ORANGE, NJ 070521313	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
PARENT BOOSTER USA INC 17 HARDWICK CT PARSIPPANY, NJ 070542516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARSIPPANY VOLUNTEER AMBULANCE INC PO BOX 6024 PARSIPPANY, NJ 070547024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARSIPPANY VOLUNTEER AMBULANCE INC PO BOX 6024 PARSIPPANY, NJ 070547024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MESIVTA OF CLIFTON36 BARRY PL PASSAIC, NJ 070553516	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MESIVTA OF CLIFTON36 BARRY PL PASSAIC, NJ 070553516	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE ORGANIZATION INC 39 HOOVER AVE PASSAIC, NJ 070555109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
POLISH CULTURAL FOUNDATION INC 177 BROADWAY CLARK, NJ 070661855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHORE DREAMS FOR KIDS A NJ NON PROF 216 UNION AVE SCOTCH PLAINS, NJ 070761209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HOPE HOSPICE INC 1900 RARITAN RD SCOTCH PLAINS, NJ 070762963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	590
SHUBANJALI SCHOOL OF PERFORMING ART 7 JENNA CT SCOTCH PLAINS, NJ 070763411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE GREENWOOD GARDENS & NATURE 274 OLD SHORT HILLS RD SHORT HILLS, NJ 070782100	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREENWOOD GARDENS & NATURE 274 OLD SHORT HILLS RD SHORT HILLS, NJ 070782100	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	892
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,614
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,558
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,958
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	842
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,834
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,290
JESPY HOUSE102 PROSPECT ST SOUTH ORANGE, NJ 070792112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESPY HOUSE102 PROSPECT ST SOUTH ORANGE, NJ 070792112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
SETON HALL UNIVERSITY 457 CENTRE STREET RING BLDG S ORANGE, NJ 070792646	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
SETON HALL UNIVERSITY 457 CENTRE STREET RING BLDG S ORANGE, NJ 070792646	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HALL UNIVERSITY 457 CENTRE STREET RING BLDG S ORANGE, NJ 070792646	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SETON HALL UNIVERSITY 400 S ORANGE AVE SOUTH ORANGE, NJ 070792646	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SETON HALL UNIVERSITY 457 CENTRE STREET RING BLDG S ORANGE, NJ 070792646	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC OF NEW JERSEY INC 70 DIAMOND RD SPRINGFIELD, NJ 070813116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS HEART OF NEW JERSEY INC 201 GROVE STREET EAST WESTFIELD, NJ 070900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS HEART OF NEW JERSEY INC 201 GROVE STREET EAST WESTFIELD, NJ 070900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FUND OF WESTFIELD NJ 301 NORTH AVE WEST WESTFIELD, NJ 070901431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREEK ORTHODOX METROPOLIS OF NEW JE 215 E GROVE ST WESTFIELD, NJ 070901656	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
A BIRTHDAY WISH834 STANDISH AVE WESTFIELD, NJ 070903070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A BIRTHDAY WISH834 STANDISH AVE WESTFIELD, NJ 070903070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	158
YOUTH & FAMILY COUNSELING SERVICE I 233 PROSPECT ST WESTFIELD, NJ 070904005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Y M C A OF WESTFIELD N J 220 CLARK ST WESTFIELD, NJ 070904029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	826
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREGORYS POND 34 FAIRHILL RD WESTFIELD, NJ 070904204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NEW JERSEY FESTIVAL ORCHESTRA 224 E BROAD STREET WESTFIELD, NJ 070905102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNCHAINED AT LAST 208 LENOX AVE NO 189 WESTFIELD, NJ 070905120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE MENS CLUB OF WESTFIELD PO BOX 841 WESTFIELD, NJ 070910841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	652
CHILDRENS SPECIALIZED HOSPITAL 150 NEW PROVIDENCE RD MOUNTAINSIDE, NJ 070922590	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS SPECIALIZED HOSPITAL 150 NEW PROVIDENCE RD MOUNTAINSIDE, NJ 070922590	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE WIN A NEW JERSEY NOT FOR PROFIT 588 SANDERLING CT SECAUCUS, NJ 070942220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	751
WE WIN A NEW JERSEY NOT FOR PROFIT 588 SANDERLING CT SECAUCUS, NJ 070942220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	870
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,421
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1480 US HIGHWAY 9 NORTH 301 WOODBRIDGE, NJ 070951407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	334
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,100
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BENEDICTS PREP ALUMNI ASSOCIATIO 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST BENEDICTS PREP ALUMNI ASSOCIATIO 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
GALLERY AFERRO INC73 MARKET ST NEWARK, NJ 071021702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS NEWARK, NJ 071021982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS NEWARK, NJ 071021982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	565
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA FOR CHILDREN OF ESSEX COUNTY I 212 WASHINGTON ST NEWARK, NJ 071022904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEWARK ARTS COUNCIL 17 ACADEMY ST SUITE 702 NEWARK, NJ 071022923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PLANNED PARENTHOOD OF METROPOLITAN 238 MULBERRY STREET 1ST FLOOR NEWARK, NJ 071023026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARTNERSHIP FOR MATERNAL AND CH 50 PARK PL STE 700 NEWARK, NJ 071024300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEWARK PUBLIC RADIO INC54 PARK PL NEWARK, NJ 071024302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
NEWARK PUBLIC RADIO INC54 PARK PL NEWARK, NJ 071024302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK PUBLIC RADIO INC54 PARK PL NEWARK, NJ 071024302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,470
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	8,100
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
PHILIPS EDUCATION PARTNERS 342 CENTRAL AVE NEWARK, NJ 071032808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BUTTERFLY DREAMZ INC 35 NORFOLK ST UNIT 3 NEWARK, NJ 071033240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH WARD CENTER INC 346 MOUNT PROSPECT AVENUE NEWARK, NJ 071042106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SCHOLARSHIP FUND FOR INNER-CITY CHI 171 CLIFTON AVE P O BOX 9500 NEWARK, NJ 071049500	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SCHOLARSHIP FUND FOR INNER-CITY CHI 171 CLIFTON AVE P O BOX 9500 NEWARK, NJ 071049500	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVENUE NEWARK, NJ 071071430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24,000
CHEER ME UP FOUNDATION INC C/O JOSEPH MAURILLO 540 MILL STREET BELLEVILLE, NJ 071090000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CARE AND TREATMENT OF STRAYS INC POBOX 110184 NUTLEY, NJ 071102516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,490
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 072070259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 072070259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST GENEVIEVE SCHOOL 209 PRINCETON ROAD ELIZABETH, NJ 072081425	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ELMORA YOUTH BASEBALL LEAGUE INC 166 SUMMIT RD ELIZABETH, NJ 072081143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF CZESTOCHOWA 248 MARIN BLVD JERSEY CITY, NJ 073023605	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
GRACE VAN VORST COMMUNITY SERVICE N 39 ERIE ST JERSEY CITY, NJ 073022821	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST PETERS PREPARATORY SCHOOL 144 GRAND ST JERSEY CITY, NJ 073024431	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERS PREPARATORY SCHOOL 144 GRAND ST JERSEY CITY, NJ 073024431	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE LEARNING SUITE INC 324 COMMUNIPAW AVE JERSEY CITY, NJ 073044009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW JERSEY CITY UNIVERSITY FOUNDATI 2039 KENNEDY BLVD JERSEY CITY, NJ 073051596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CITY UNIVERSITY FOUNDATI 2039 KENNEDY BLVD JERSEY CITY, NJ 073051596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON COUNTY COURT APPOINTED SPECI 442 HOBOKEN AVE JERSEY CITY, NJ 073062703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAINT PETERS UNIVERSITY 2641 KENNEDY BLVD JERSEY CITY, NJ 073065943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PETERS UNIVERSITY 2641 KENNEDY BLVD JERSEY CITY, NJ 073065943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ETHICAL COMMUNITY CHARTER SCHOOL 95 BROADWAY JERSEY CITY, NJ 073066304	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
CONCORDIA LEARNING CENTER AT ST JOS 761 SUMMIT AVE JERSEY CITY, NJ 073073831	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LEE MEMORIAL LIBRARY 500 W CRESCENT AVE ALLENDALE, NJ 074011726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SMOKE RISE COOPERATIVE NURSERY INC 38 NORTH RD KINNELON, NJ 074052266	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST ANNE SCHOOL 1-30 SUMMIT AVENUE FAIR LAWN, NJ 074102016	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNE SCHOOL 1-30 SUMMIT AVENUE FAIR LAWN, NJ 074102016	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
COMMUNITY BAND OF WALDWICK INC 10-18 1ST ST FAIR LAWN, NJ 074101066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY BAND OF WALDWICK INC 10-18 1ST ST FAIR LAWN, NJ 074101066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT-A-SOLDIER PLATOON INC PO BOX 1111 FAIR LAWN, NJ 074108111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HO-HO-KUS EDUCATION FOUNDATION INC PO BOX 253 HO HO KUS, NJ 074230253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	288
NEW YORK-NEW JERSEY TRAIL CONFERENC 600 RAMAPO VALLEY RD MAHWAH, NJ 074301199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK-NEW JERSEY TRAIL CONFERENC 600 RAMAPO VALLEY RD MAHWAH, NJ 074301199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
RAMAPO COLLEGE FOUNDATION 505 RAMAPO VALLEY RD MAHWAH, NJ 074301623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAHWAH ENVIRONMENTAL VOLUNTEERS ORG 1024 ASH DR MAHWAH, NJ 074302348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PONY POWER THERAPIES INC 1170 RAMAPO VALLEY RD MAHWAH, NJ 074302410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUNGARIAN BOY SCOUT ASSOCIATION IN 2850 ROUTE 23 NEWFOUNDLAND, NJ 074351443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REED FOUNDATION FOR AUTISM INC 25 POTASH RD OAKLAND, NJ 074361612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE PET ADOPTION LEAGUE PO BOX 221 OAK RIDGE, NJ 074380221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,200
RAMSEY RESCUE SQUAD INCORPORATED PO BOX 193 RAMSEY, NJ 074460193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE RAMSEY PUBLIC LIBRAR 30 WYCKOFF AVE RAMSEY, NJ 074462227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMSEY AMBULANCE CORPS HAROLD R GRE 41 SOUTH ISLAND AVE RAMSEY, NJ 074462535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RAMSEY AMBULANCE CORPS HAROLD R GRE 41 S ISLAND AVE RAMSEY, NJ 074462535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WILLARD HSA INC 601 MORNINGSIDE RD RIDGEWOOD, NJ 074501337	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLARD HSA INC 601 MORNINGSIDE RD RIDGEWOOD, NJ 074501337	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIDGEWOOD HISTORICAL SOCIETY INC 650 E GLEN AVE RIDGEWOOD, NJ 074501905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VALLEY HOSPITAL FOUNDATION 223 N VAN DIEN AVE RIDGEWOOD, NJ 074502726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF BERGEN COUNTY A N B733 100 DAYTON ST RIDGEWOOD, NJ 074504437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ORPHEUS CLUB INC OF RIDGEWOOD NJ PO BOX 114 RIDGEWOOD, NJ 074510114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ORPHEUS CLUB INC OF RIDGEWOOD NJ PO BOX 114 RIDGEWOOD, NJ 074510114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEWOOD CONCERT BAND INC PO BOX 151 RIDGEWOOD, NJ 074510151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RIDGEWOOD CONCERT BAND INC PO BOX 151 RIDGEWOOD, NJ 074510151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
ALEXANDER HAMILTON SCHOOL 380 HARRISTOWN ROAD GLEN ROCK, NJ 074522812	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEN ROCK BASEBALL ASSOCIATION PO BOX 171 GLEN ROCK, NJ 074520171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE GLEN ROCK PUBLIC LIB 315 ROCK RD GLEN ROCK, NJ 074521722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARITY NAVIGATOR 139 HARRISTOWN RD STE 101 GLEN ROCK, NJ 074523304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY NAVIGATOR 139 HARRISTOWN RD STE 101 GLEN ROCK, NJ 074523304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	285
WAYNE INTERFAITH NETWORK 613 CANNELLA WAY RIVERDALE, NJ 074571444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INDIA HERITAGE CENTER 49 OLD WOODS RD SADDLE RIVER, NJ 074583208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLA MARIE CLAIRE 12 W SADDLE RIVER RD SADDLE RIVER, NJ 074583213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WANTAGE TOWNSHIP FIRST AID SQUAD IN PO BOX 721 WANTAGE, NJ 074610721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WANTAGE TOWNSHIP FIRST AID SQUAD IN PO BOX 721 WANTAGE, NJ 074610721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDWICK HIGH SCHOOL MUSIC PARENTS WALDWICK HIGH SCHOOL WALDWICK, NJ 074630000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	268
FRIENDS OF THE WALDWICK LIBRARY 19 E PROSPECT ST WALDWICK, NJ 074632009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE WALDWICK LIBRARY 19 E PROSPECT ST WALDWICK, NJ 074632009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WANAQUE FOP LODGE 145 CIVIC ASSOCIA PO BOX 225 WANAQUE, NJ 074650225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WAYNE HOCKEY CLUB INCPO BOX 1541 WAYNE, NJ 074701451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE WILLIAM PATERSON UNIVERSITY OF 300 POMPTON RD WAYNE, NJ 074702103	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH HEALTHCARE SYSTEM INC 224 HAMBURG TURNPIKE WAYNE, NJ 074702111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDSHIP CIRCLE OF PASSAIC COUNTY 194 RATZER RD WAYNE, NJ 074705441	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,754
THE MINISTER ELDERS AND DEACONS OFQ 580 WYCKOFF AVE WYCKOFF, NJ 074811338	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MINISTER ELDERS AND DEACONS OFQ 580 WYCKOFF AVE WYCKOFF, NJ 074811338	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
WYCKOFF FAMILY YMCA 691 WYCKOFF AVE WYCKOFF, NJ 074811524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
BOYS AND GIRLS CLUB OF PATERSON AND 264 21ST AVE PATERSON, NJ 075013506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATERSON TASK FORCE FOR COMMUNITY A 109 WASHINGTON STREET PATERSON, NJ 075051400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MISSIONARY SOCIETY SALESIAN SISTERS 655 BELMONT AVE NORTH HALEDON, NJ 075082301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2585 PATERSON, NJ 075092585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2585 PATERSON, NJ 075092585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2585 PATERSON, NJ 075092585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOROUGH OF TOTOWA FIRST AID SQUAD PO BOX 619 TOTOWA, NJ 075110619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR ST JOSEP 140 SHEPHERD LN TOTOWA, NJ 075122188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE SISTERS OF THE POOR ST JOSEP 140 SHEPHERD LN TOTOWA, NJ 075122188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
HEIGHTENED INDEPENDENCE AND PROGRES 131 MAIN ST STE 120 HACKENSACK, NJ 076017140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HACKENSACK MERIDIAN HEALTH INC 360 ESSEX ST HACKENSACK, NJ 076018550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAYWOOD POLICE OFFICERS ASSOCIATION 15 PARK AVE MAYWOOD, NJ 076072015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SADHU VASWANI CENTER 494 DURIE AVE CLOSTER, NJ 076242010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADHU VASWANI CENTER 494 DURIE AVE CLOSTER, NJ 076242010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	421
NOVA HOPE FOR HAITI INC 176 PALISADE AVE EMERSON, NJ 076302166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DWIGHT-ENGLEWOOD SCHOOL 315 E PALISADE AVE ENGLEWOOD, NJ 076313146	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARNOLD GOLD FOUNDATION 619 E PALISADE AVE STE 2 ENGLEWD CLFS, NJ 076321834	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
INSTITUTE FOR EDUCATIONAL ACHIEVEME 381 MADISON AVE NEW MILFORD, NJ 076461302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
INSTITUTE FOR EDUCATIONAL ACHIEVEME 381 MADISON AVE NEW MILFORD, NJ 076461302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLOMON SCHECHTER DAY SCHOOL OF BER 275 MCKINLEY AVE NEW MILFORD, NJ 076461949	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	36
JEWISH HOME FOUNDATION OF NORTH JER 10 LINK DR ROCKLEIGN, NJ 076472504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JEWISH HOME FOUNDATION OF NORTH JER 10 LINK DR ROCKLEIGN, NJ 076472504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERGEN CATHOLIC HIGH SCHOOL 1040 ORADELL AVENUE ORADELL, NJ 076491954	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
ALPINE LEARNING GROUP INC 777 PARAMUS RD PARAMUS, NJ 076520000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
ARCOLA KOREAN UNITED METHODIST CHUR 52 S PARAMUS RD PARAMUS, NJ 076521217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCH SCHOOL120 W CENTURY RD PRAMUS, NJ 076521405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
FRISCH SCHOOL120 W CENTURY RD PRAMUS, NJ 076521405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
ARMENIAN MISSIONARY ASSOC OF AMER I 31 W CENTURY RD PARAMUS, NJ 076521409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN MISSIONARY ASSOC OF AMER I 31 W CENTURY RD PARAMUS, NJ 076521409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ARMENIAN MISSIONARY ASSOC OF AMER I 31 W CENTURY RD PARAMUS, NJ 076521409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EDUCATIONAL PARTNERSHIP FOR INSTRUC 238 FARVIEW AVE PARAMUS, NJ 076523244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL PARTNERSHIP FOR INSTRUC 238 FARVIEW AVE PARAMUS, NJ 076523244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HOPE FOUNDATION377 WILLARD RD PARAMUS, NJ 076524628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARK RIDGE ROTARY CHARITY FOUNDATIO PO BOX 265 PARK RIDGE, NJ 076560265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK RIDGE ROTARY CHARITY FOUNDATIO PO BOX 265 PARK RIDGE, NJ 076560265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PASCACK HISTORICAL SOCIETY PO BOX 85 PARK RIDGE, NJ 076560285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PASCACK HISTORICAL SOCIETY PO BOX 85 PARK RIDGE, NJ 076560285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASCACK MENTAL HEALTH CENTER 114 KINDERKAMACK ROAD 2ND FLOOR PARK RIDGE, NJ 076562126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YESHIVA OF NORTH JERSEY 666 KINDERKAMACK RD RIVER EDGE, NJ 076612152	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CENTER FOR HOPE AND SAFETY INC 12 OVERLOOK AVE ROCHELLE PARK, NJ 076623226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LUBAVITCH OF BERGEN COUN 513 KENWOOD PL TEANECK, NJ 076661629	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
TORAH ACADEMY OF BERGEN COUNTY 1600 QUEEN ANNE RD TEANECK, NJ 076663609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
TORAH ACADEMY OF BERGEN COUNTY 1600 QUEEN ANNE RD TEANECK, NJ 076663609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETZION FOUNDATION INC 111 GALWAY PL STE 203 TEANECK, NJ 076663640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOLY NAME MEDICAL CENTER INC 718 TEANECK RD TEANECK, NJ 076664245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ONE FAMILY FUND 1029 TEANECK RD STE 3B TEANECK, NJ 076664514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF LEKET ISRAEL IN PO BOX 2090 TEANECK, NJ 076665000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH COMMUNITY CENTER ON THE PALI 411 E CLINTON AVE TENAFLY, NJ 076702319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TEMPLE SINAI OF BERGEN COUNTY 1 ENGLE ST TENAFLY, NJ 076702812	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING ABOUT THE STRAYS C A T S INC 80 KINDERKAMACK RD WESTWOOD, NJ 076753006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VALLEY CHABAD INC100 OVERLOOK DR WOODCLIFF LAKE, NJ 076778124	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
VALLEY CHABAD INC100 OVERLOOK DR WOODCLIFF LAKE, NJ 076778124	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHABAD INC100 OVERLOOK DR WOODCLIFF LAKE, NJ 076778124	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
ST JAMES ELEMENTARY SCHOOL 30 PETERS PLACE RED BANK, NJ 077011706	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
JOAN DANCY AND PALS INC ONE RIVERVIEW PLAZA RIVERVIEW MEDICAL CTR RED BANK, NJ 077010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOAN DANCY AND PALS INC ONE RIVERVIEW PLAZA RIVERVIEW MEDICAL CTR RED BANK, NJ 077010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
JOAN DANCY AND PALS INC ONE RIVERVIEW PLAZA RIVERVIEW MEDICAL CTR RED BANK, NJ 077010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MONMOUTH CIVIC CHORUS INC PO BOX 16 RED BANK, NJ 077010016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED BANK BOROUGH EDUCATION FOUNDATI PO BOX 855 RED BANK, NJ 077010855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TWO RIVER THEATRE COMPANY 21 BRIDGE AVE RED BANK, NJ 077011105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
COUNT BASIE THEATRE INC 99 MONMOUTH ST RED BANK, NJ 077011108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNT BASIE THEATRE INC 99 MONMOUTH ST RED BANK, NJ 077011108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
STEPHYS PLACE A NEW LIFE SUPPORT CE 210 W FRONT STREET RED BANK, NJ 077011155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
MONMOUTH DAY CARE CENTER INC 9 DR JAMES PARKER BLVD RED BANK, NJ 077011503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME FREE ANIMAL RESCUE 32 WHITE ST RED BANK, NJ 077011635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE YOUNG MENS CHRISTIAN ASSOC OF R 170 PATTERSON AVENUE SHREWSBURY, NJ 077024167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF MONMOUTH COUNT 1201 MONROE AVE ASBURY PARK, NJ 077126319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE O 705 SUMMERFIELD AVE ASBURY PARK, NJ 077126921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS OF MONMOUT 174 MAIN ST EATONTOWN, NJ 077240000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
CPC FOUNDATION INC 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 077243332	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION SONS OF ISRAEL OF ENGL PO BOX 369 MANALAPAN, NJ 077260369	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
MANALAPAN HIGH SCHOOL MUSIC PARENTS PO BOX 618 MANALAPAN, NJ 077260618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KIDNEY & UROLOGY FOUNDATION OF AMER 63 W MAIN ST STE G FREEHOLD, NJ 077282141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF TEEN 110 WEST MAIN STREET FREEHOLD, NJ 077286835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TURNER SYNDROME FOUNDATION INC 1 BETHANY RD BLDG 1 SUITE 5 HAZLET, NJ 077301659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOLMDEL FOUNDATION FOR EDUCATIONAL 65 MCCAMPBELL ROAD HOLMDEL, NJ 077330407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLMDEL FOUNDATION FOR EDUCATIONAL 65 MCCAMPBELL ROAD HOLMDEL, NJ 077330407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE FOR CHILDREN FOUNDATION NEW JE 2 CAMELLIA CT HOLMDEL, NJ 077331534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
HOPE FOR CHILDREN FOUNDATION NEW JE 2 CAMELLIA CT HOLMDEL, NJ 077331534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR CHILDREN FOUNDATION NEW JE 2 CAMELLIA CT HOLMDEL, NJ 077331534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PARENT LIAISON GROUP INDIAN HILL SC 735 HOLMDEL RD HOLMDEL, NJ 077331541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRANCES FOUNDATION FOR KIDS FIGHTIN 8 BRYCE RD HOLMDEL, NJ 077332278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKDALE COMMUNITY COLLEGE FOUNDAT 765 NEWMAN SPRINGS RD LINCROFT, NJ 077381543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY & CHILDRENS SERVICE INC OF M 191 BATH AVE LONG BRANCH, NJ 077406134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MONMOUTH MEDICAL CENTER FOUNDATION 300 2ND AVE LONG BRANCH, NJ 077406303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH MEDICAL CENTER FOUNDATION 300 2ND AVE LONG BRANCH, NJ 077406303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
STOMP THE MONSTER INC1 KINGS CT MARLBORO, NJ 077461474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMPUTER LITERACY PROGRAM VOLUNTEER 6 THARP LN MARLBORO, NJ 077462225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELP FOUNDATION INC 185 SCARBOROUGH WAY MARLBORO, NJ 077462457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HELP FOUNDATION INC 185 SCARBOROUGH WAY MARLBORO, NJ 077462457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELP FOUNDATION INC 185 SCARBOROUGH WAY MARLBORO, NJ 077462457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL GERARD PUHARIC MEMORIAL FUN PO BOX 787 MATAWAN, NJ 077470787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BREAST FRIENDS FOREVER INC PO BOX 926 MIDDLETOWN, NJ 077480926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
OASIS THERAPEUTIC LIFE CENTERS INC 1 MORGAN RD MIDDLETOWN, NJ 077482354	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHORE TO HELP INC32A BEACH RD MONMOUTH BCH, NJ 077501346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MORGANVILLE FIRST AID & RESCUE SQUA PO BOX 310 MORGANVILLE, NJ 077510310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MORGANVILLE FIRST AID & RESCUE SQUA PO BOX 310 MORGANVILLE, NJ 077510310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS PLACE BY THE SEA INC PO BOX 86 OCEAN GROVE, NJ 077560000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
RUMSON COUNTRY DAY SCHOOL 35 BELLEVUE AVE RUMSON, NJ 077601225	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
RUMSON COUNTRY DAY SCHOOL 35 BELLEVUE AVE RUMSON, NJ 077601225	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUMSON FIRE COMPANY OF EAST OCEANIC 140 E RIVER RD RUMSON, NJ 077601633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONMOUTH UNIVERSITY 400 CEDAR AVENUE - OFFICE OF DEVELOPMENT WEST LONG BRANCH, NJ 077641898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
COLLIER SERVICES160 CONOVER RD WICKATUNK, NJ 077650300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLIER SERVICES160 CONOVER RD WICKATUNK, NJ 077650300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KASINADHUNI DURGAMBA BUTCHIAH INC 34 STRUBLE LN DOVER, NJ 078011915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KASINADHUNI DURGAMBA BUTCHIAH INC 34 STRUBLE LN DOVER, NJ 078011915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING PARTNERSHIP FOR MORRIS COUN 2 EAST BLACKWELL STREET SUITE 12 DOVER, NJ 078014645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SUSSEX COUNTY YOUTH ORCHESTRAS AND PO BOX 1052 ANDOVER, NJ 078211052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SUSSEX COUNTY YOUTH ORCHESTRAS AND PO BOX 1052 ANDOVER, NJ 078211052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSSEX COUNTY ASSOCIATION FOR RETAR 11 US ROUTE 206 NO 100 AUGUSTA, NJ 078220000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	925
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
SUSSEX COUNTY FARM AND HORSE SHOW A PO BOX 2456 BRANCHVILLE, NJ 078262456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,603
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,350
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,900
CENTENARY UNIVERSITY 400 JEFFERSON ST HACKETTSTOWN, NJ 078402110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
THE LAKE HOPATCONG FOUNDATION A NEW 37 NOLANS POINT PARK RD LK HOPATCONG, NJ 078491902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVENUE ROCKAWAY, NJ 078662933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVENUE ROCKAWAY, NJ 078662933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVENUE ROCKAWAY, NJ 078662933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST MORRIS AREA YMCA 14 DOVER CHESTER RD RANDOLPH, NJ 078691203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MONARCHS INC140 HILLTOP TRL SPARTA, NJ 078712128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAMP NEJEDA FOUNDATION INC PO BOX 156 910 SADDLEBACK RD STILLWATER, NJ 078750000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITIES OF NORTHWEST JERSEY INC 264 R 31 NORTH WASHINGTON, NJ 078820251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CONNECTION FOR WOMEN AND FAMILIES I 79 MAPLE ST SUMMIT, NJ 079012517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
LCJSMS PARENT TEACHER ORGANIZATION 272 MORRIS AVE SUMMIT, NJ 079012526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT LUMINARY FUND 10 WESTMINSTER RD SUMMIT, NJ 079013732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUMMIT AREA YMCA 490 MORRIS AVENUE SUMMIT, NJ 079017500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
SUMMIT AREA YMCA 490 MORRIS AVENUE SUMMIT, NJ 079017500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NJ ARTS NEWS INCPO BOX 76 SUMMIT, NJ 079020076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SUMMIT PERFORMING ARTS RESOURCE COM PO BOX 462 SUMMIT, NJ 079020462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CURE FOR IBD96 DARREN DRIVE BASKING RIDGE, NJ 079200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGE YOUTH SPORTS INC 65 NORTH MAPLE AVENUE BASKING RIDGE, NJ 079200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CURE FOR IBD96 DARREN DRIVE BASKING RIDGE, NJ 079200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RIDGE YOUTH SPORTS INC 65 NORTH MAPLE AVENUE BASKING RIDGE, NJ 079200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT PROSPECT SCHOOL PARENT TEACHE 111 HANSOM RD BASKING RIDGE, NJ 079203208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MOUNT PROSPECT SCHOOL PARENT TEACHE 111 HANSOM RD BASKING RIDGE, NJ 079203208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BERKELEY HEIGHTS RESCUE SQUAD INC PO BOX 117 BERKELEY HTS, NJ 079220117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	949
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE BERNARDSVILLE PUBLIC ONE ANDERSON HILL RD BERNARDSVILLE, NJ 079242350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERNARDSVILLE LIBRARY FOUNDATION IN 1 ANDERSON HILL RD BERNARDSVILLE, NJ 079242350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE BERNARDSVILLE PUBLIC ONE ANDERSON HILL RD BERNARDSVILLE, NJ 079242350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BROOKSIDE ENGINE COMPANY NO 1 PO BOX 196 BROOKSIDE, NJ 079260196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENDHAM TOWNSHIP LIBRARY PO BOX 500 BROOKSIDE, NJ 079260500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	848
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	990
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
P G CHAMBERS SCHOOL INC 15 HALKO DR CEDAR KNOLLS, NJ 079271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
P G CHAMBERS SCHOOL INC 15 HALKO DR CEDAR KNOLLS, NJ 079271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM EDUCATION FOUNDATION PO BOX 81 CHATHAM, NJ 079280081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
SENIOR SERVICES CENTER OF THE CHATH 58 MEYERSVILLE ROAD CHATHAM, NJ 079280175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHATHAM COMMUNITY PLAYERS INC PO BOX 234 CHATHAM, NJ 079280234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM TOWNSHIP VOLUNTEER FIRE DEP 495 RIVER RD CHATHAM, NJ 079281229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHATHAM TOWNSHIP VOLUNTEER FIRE DEP 495 RIVER RD CHATHAM, NJ 079281229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHATHAM TOWNSHIP VOLUNTEER FIRE DEP 495 RIVER RD CHATHAM, NJ 079281229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM DAY SCHOOL INC 700 SHUNPIKE RD CHATHAM, NJ 079281500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
SHEPHERDS OF YOUTH CHARITABLE TRUST 641 SHUNPIKE ROAD CHATHAM, NJ 079281567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
SHEPHERDS OF YOUTH CHARITABLE TRUST 641 SHUNPIKE ROAD CHATHAM, NJ 079281567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM EMERGENCY SQUAD INC 45 SPRING ST CHATHAM, NJ 079281612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CHATHAM EMERGENCY SQUAD INC 45 SPRING ST CHATHAM, NJ 079281612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEARNING PATH NURSERY SCHOOL AND DA 300 SHUNPIKE RD CHATHAM, NJ 079281659	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVENONESEVEN INC 127 WASHINGTON AVE CHATHAM, NJ 079281859	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE LIBRARY OF THE CHATH 214 MAIN ST CHATHAM, NJ 079282411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEW JERSEY COLONIALS HOCKEY ASSOCIA 256 COLUMBIA TPKE STE 101 FLORHAM PARK, NJ 079321231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORHAM PARK MEMORIAL FIRST AID SQU 60 FELCH RD FLORHAM PARK, NJ 079322159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KESSLER FOUNDATION INC 120 EAGLE ROCK AVE STE 100 EAST HANOVER, NJ 079363147	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RALSTON ENGINE COMPANY NO 1 PO BOX 356 MENDHAM, NJ 079450356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 079450525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 079450525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 079450525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,945
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST MENDHAM, NJ 079451832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RAPTOR TRUST 1390 WHITE BRIDGE RD MILLINGTON, NJ 079462044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIFT OF LIFE INC OF NEW JERSEY PO BOX 25 MORRIS PLAINS, NJ 079500025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD OF NORTHERN CENT 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NORTHERN CENT 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE RED OAKS SCHOOL INC 21 CUTLER ST MORRISTOWN, NJ 079602958	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
THE SEEING EYE INC 10 WASHINGTON VALLEY RD MORRISTOWN, NJ 079603412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MORRISTOWN MEDICAL C 475 SOUTH ST MORRISTOWN, NJ 079606459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MORRIS EDUCATIONAL FOUNDATION INCOR PO BOX 1224 MORRISTOWN, NJ 079621224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,093
FAMILY PROMISE OF MORRIS COUNTY INC PO BOX 1494 MORRISTOWN, NJ 079621494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF MORRIS COUNTY INC PO BOX 1494 MORRISTOWN, NJ 079621494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
STURGE-WEBER FOUNDATION PO BOX 418 MT FREEDOM, NJ 079700418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI OF UNION COUNTYPO BOX 724 NEW PROVIDNCE, NJ 079740724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHARING NETWORK FOUNDATION INC 691 CENTRAL AVE NEW PROVIDNCE, NJ 079741560	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
SHARING NETWORK FOUNDATION INC 691 CENTRAL AVE NEW PROVIDNCE, NJ 079741560	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NEW PROVIDENCE MEMOR 377 ELKWOOD AVE NEW PROVIDNCE, NJ 079741837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
KIWIMBI INTERNATIONALPO BOX 139 NEW VERNON, NJ 079760139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
KEMMERER LIBRARY HARDING TOWNSHIP I PO BOX 283 NEW VERNON, NJ 079760283	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDING LAND TRUST INCPO BOX 576 NEW VERNON, NJ 079760576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARDING LAND TRUST INCPO BOX 576 NEW VERNON, NJ 079760576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WELCOME HOME VETS FUND OF NEW JERES 831-38 RTE 10 E STE 262 WHIPPANY, NJ 079810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 EAST WHIPPANY, NJ 079810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,250
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 EAST WHIPPANY, NJ 079810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 EAST WHIPPANY, NJ 079810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 EAST WHIPPANY, NJ 079810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DESTINATION IMAGINATION INC 1111 S UNION AVE CHERRY HILL, NJ 080023331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH FEDERATION OF SOUTHERN NEW J 1301 SPRINGDALE RD SUITE 150 CHERRY HILL, NJ 080032763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SOUTHERN SAILING PO BOX 7 SHIP BOTTOM, NJ 080080201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FRIENDS OF SOUTHERN SAILING PO BOX 7 SHIP BOTTOM, NJ 080080201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DOANE ACADEMY350 RIVERBANK BURLINGTON, NJ 080161355	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASONIC CHARITY FOUNDATION OF NEW J 902 JACKSONVILLE RD BURLINGTON, NJ 080163814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RYANS 41319 FOUNDATION A NJ NONPROF 15 CURRIDEN AVE CLARKSBORO, NJ 080201212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROWAN UNIVERSITY FOUNDATION INC 40 NORTH ACADEMY STREET SHPEEN HALL 2ND FLOOR GLASSBORO, NJ 080281702	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	635
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
GIRL SCOUTS OF CENTRAL AND SOUTHERN 40 BRACE RD CHERRY HILL, NJ 080342621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF CENTRAL AND SOUTHERN 40 BRACE RD CHERRY HILL, NJ 080342621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CENTRAL AND SOUTHERN 40 BRACE RD CHERRY HILL, NJ 080342621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
ANIMAL WELFARE ASSOCIATION INCORPOR 509 CENTENNIAL BLVD VOORHEES, NJ 080430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
HABITAT FOR HUMANITY OF BURLINGTON 530 ROUTE 38 E MAPLE SHADE, NJ 080522036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,080
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOLASTICA INC12 BOOTHBY DR MOUNT LAUREL, NJ 080541924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MEGHAN MCKEEVER FOUNDATION INC 29 WILLIAM PENN CIR MEDFORD, NJ 080553716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MOORESTOWN FREE LIBRARY ASSOCIATION 111 W SECOND ST MOORESTOWN, NJ 080572471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOORESTOWN FRIENDS SCHOOL 110 E MAIN ST MOORESTOWN, NJ 080572949	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 693 RANCOCAS RD WESTAMPTON, NJ 080600000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHRISTIAN CARING CENTER PEMBERTON I PO BOX 385 PEMBERTON, NJ 080680385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTIOCYTOSIS ASSOCIATION INC 332 N BROADWAY PITMAN, NJ 080711197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HISTIOCYTOSIS ASSOCIATION INC 332 N BROADWAY PITMAN, NJ 080711197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
HISTIOCYTOSIS ASSOCIATION INC 332 N BROADWAY PITMAN, NJ 080711197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATES PLACE INC 153 E WASHINGTON ST RIVERSIDE, NJ 080753807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KATES PLACE INC 153 E WASHINGTON ST RIVERSIDE, NJ 080753807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ENABLE SPORTS & FITNESS INC 2001 BERWICK DR CINNAMINSON, NJ 080774503	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC OF NEW JERSEY INC 150 SALEMWOODSTOWN RD SALEM, NJ 080790000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CRISIS PREGNANCY CENTER OF SOUTH JE 567 SALEM-QUINTON ROAD SALEM, NJ 080791255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
JOEJOE S PLACE ANIMAL SANCTUARY INC 12 WISSA POWEY TRL SHAMONG, NJ 080888913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITALLER BROTHERS OF ST JOHN OF 1145 DELSEA DR WESTVILLE, NJ 080932252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPITALLER BROTHERS OF ST JOHN OF 1145 DELSEA DR WESTVILLE, NJ 080932252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPITALLER BROTHERS OF ST JOHN OF 1145 DELSEA DR WESTVILLE, NJ 080932252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL AID INC200 SPRINGDALE LN WILLIAMSTOWN, NJ 080942319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FURREVER FRIENDS RESCUE & VOLUNTEER PO BOX 141 WOODBURY, NJ 080967141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED STATES CONFERENCE OF CATHOLI 631 MARKET STREET CAMDEN, NJ 081021103	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 631 MARKET STREET CAMDEN, NJ 081021103	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC PARTNERSHIP SCHOOLS CAMDEN 808 MARKET ST CAMDEN, NJ 081021159	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
COOPERS FERRY PARTNERSHIP INC 2 RIVERSIDE DRIVE SUITE 501 CAMDEN, NJ 081030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR AQUATIC SCIENCES INC 1 RIVERSIDE DR CAMDEN, NJ 081031037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAMDEN CITY GARDEN CLUB INC 3 RIVERSIDE DRIVE CAMDEN, NJ 081031037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE CENTER FOR AQUATIC SCIENCES INC 1 RIVERSIDE DR CAMDEN, NJ 081031037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMDEN REPERTORY THEATER COMMUNITY 445 MECHANIC ST CAMDEN, NJ 081041043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
URBAN PROMISE ACADEMY PO BOX 1479 CAMDEN, NJ 081050479	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
URBAN PROMISE MINISTRIES COMMUNITY PO BOX 1479 CAMDEN, NJ 081050479	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP EUSTACE PREP SCHOOL 5552 ROUTE 70 PENNSAUKEN, NJ 081094739	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,250
MERCHANTVILLE TASK FORCE INC 1 W MAPLE AVE MERCHANTVILLE, NJ 081095103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK OF SOUTH JERSEY INC 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 081102303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF SOUTH JERSEY INC 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 081102303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27,500
MARINE MAMMAL STRANDING CENTER 3625 BRIGANTINE BLVD BRIGANTINE, NJ 082030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARINE MAMMAL STRANDING CENTER 3625 BRIGANTINE BLVD BRIGANTINE, NJ 082030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASEY COYLE MEMORIAL FUND 800 FLORA CT GALLOWAY, NJ 082054202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
STOCKTON UNIVERSITY FOUNDATION 101 VERA KING FARRIS DR OFFICE GALLOWAY, NJ 082059441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
STOCKTON UNIVERSITY FOUNDATION 101 VERA KING FARRIS DR OFFICE GALLOWAY, NJ 082059441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOCKTON UNIVERSITY FOUNDATION 101 VERA KING FARRIS DR OFFICE GALLOWAY, NJ 082059441	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GO GREEN GALLOWAY 414 CRESSON AVE GALLOWAY, NJ 082059793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GO GREEN GALLOWAY 414 CRESSON AVE GALLOWAY, NJ 082059793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE REGIONAL MEDICAL CENTER 2 STONE HARBOR BLVD CAPE MAY CH, NJ 082102138	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
BARGAINTOWN VOLUNTEER FIRE CO 6550 MILL RD EGG HBR TWP, NJ 082344921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY SERVICE ASSOCIATION 3073 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 082349709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER TUCKAHOE ARE MERCHANTS ASSO PO BOX 656 TUCKAHOE, NJ 082500656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ATLANTIC CAPE COMMUNITY COLLEGE 5100 BLACK HORSE PIKE MAYS LANDING, NJ 083302623	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	696
CITIZENS UNITED TO PROTECT THE MAUR PO BOX 474 MILLVILLE, NJ 083320474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEATON ARTS AND CULTURAL CENTER IN 1501 GLASSTOWN RD MILLVILLE, NJ 083321566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ATLANTIC CITY RESCUE MISSION INC 2009 BACHARACH BLVD ATLANTIC CITY, NJ 084013003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUB OF ATLANTIC CIT 317 N PENNSYLVANIA AVE ATLANTIC CITY, NJ 084013222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF ATLANTIC C 607 NORTH JEROME AVENUE MARGATE, NJ 084021527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JEWISH FAMILY SERVICE OF ATLANTIC C 607 NORTH JEROME AVENUE MARGATE, NJ 084021527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ATLANTIC CITY EDUCATION FOUNDATION PO BOX 7206 ATLANTIC CITY, NJ 084047206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEADS FOR EDUCATION INC A NON-PROFI 5501 VENTNOR AVE VENTNOR, NJ 084062341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,180
PRINCETON ELKS CHARITABLE TRUST INC PO BOX 217 BLAWENBURG, NJ 085040217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PRINCETON ELKS CHARITABLE TRUST INC PO BOX 217 BLAWENBURG, NJ 085040217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY LAKE FOUNDATION INC 1195 FLORENCE COLUMBUS RD BORDENTOWN, NJ 085054264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41
CRANBURY HISTORICAL AND PRESERVATIO 6 S MAIN ST CRANBURY, NJ 085120077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CRANBURY HISTORICAL AND PRESERVATIO 6 S MAIN ST CRANBURY, NJ 085120077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,111
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELENE CODY FOUNDATION INC PO BOX 641 CRANBURY, NJ 085122708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CRANBURY LIBRARY FOUNDATION INC 23 NORTH MAIN STREET CRANBURY, NJ 085123257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CRANBURY LIBRARY FOUNDATION INC 23 NORTH MAIN STREET CRANBURY, NJ 085123257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST WINDSOR POLICE ATHLETIC LEAGUE 30 AIRPORT RD EAST WINDSOR, NJ 085202902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BETTER BEGINNINGS DAY CARE CENTER O 318 N MAIN ST HIGHTSTOWN, NJ 085203100	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
PEDDIE SCHOOL201 SOUTH MAIN ST HIGHTSTOWN, NJ 085203349	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDDIE SCHOOL201 SOUTH MAIN ST HIGHTSTOWN, NJ 085203349	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
PEDDIE SCHOOL201 SOUTH MAIN ST HIGHTSTOWN, NJ 085203349	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
TEAM MERCURY PARENT & MENTOR ASSOCI 25 LESHIN LN HIGHTSTOWN, NJ 085204001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM MERCURY PARENT & MENTOR ASSOCI 25 LESHIN LN HIGHTSTOWN, NJ 085204001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KELLYS HEROES INC 40 IMLAYSTOWN ROAD EAST WINDSOR, NJ 085206209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KELLYS HEROES INC 40 IMLAYSTOWN ROAD EAST WINDSOR, NJ 085206209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASSVILLE VOLUNTEER FIRE COMPANY 785 MILLER AVE STE 2 JACKSON, NJ 085273547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEER FARMS INC 472 W VETERANS HWY JACKSON, NJ 085273703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEER FARMS INC 472 W VETERANS HWY JACKSON, NJ 085273703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEER FARMS INC 472 W VETERANS HWY JACKSON, NJ 085273703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOMENS CLUB AT WESTLAKE 39 WILD DUNES WAY JACKSON, NJ 085274041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARKINSON ALLIANCE INCPO BOX 308 KINGSTON, NJ 085280308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBERTVILLE RAMBLERS 675 BRUNSWICK PIKE LAMBERTVILLE, NJ 085302725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL ALLIANCE OF BELLE MEAD 22 HARBOURTON MOUNT AIRY RD LAMBERTVILLE, NJ 085302901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SCHULTZ SR DACHSHUND RESCUE & SANCT 1478 ROUTE 179 LAMBERTVILLE, NJ 085303415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR ANIMALS 121 EVERGREEN RD NEW EGYPT, NJ 085331207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WASHINGTON CROSSING AUDUBON SOCIETY PO BOX 112 PENNINGTON, NJ 085340112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPEWELL VALLEY HISTORICAL SOCIETY PO BOX 371 PENNINGTON, NJ 085340371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWELL VALLEY HISTORICAL SOCIETY PO BOX 371 PENNINGTON, NJ 085340371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PENNINGTON SCHOOL 112 W DELAWARE AVE PENNINGTON, NJ 085341601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HVCHS PTO INC 259 PENNINGTON TITUSVILLE RD PENNINGTON, NJ 085341617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HVCHS PTO INC 259 PENNINGTON TITUSVILLE RD PENNINGTON, NJ 085341617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATERSHED INSTITUTE INC 31 TITUS MILL RD PENNINGTON, NJ 085344303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
PRINCETON HEALTHCARE SYSTEM FOUNDAT 1 PLAINSBORO RD PLAINSBORO, NJ 085361913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON MONTESSORI SOCIETY 487 CHERRY VALLEY ROAD PRINCETON, NJ 085407916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 59 PAUL ROBESON PLACE PRINCETON, NJ 085400000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AUTISM SPEAKS INC 1060 STATE RD STE 2 PRINCETON, NJ 085401446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SEND HUNGER PACKING PRINCETON INC 1 MONUMENT DR PRINCETON, NJ 085403036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
101 INC151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
101 INC151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PRINCETON HIGH SCHOOL PARENT TEACHE 151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLEBROOK SCHOOL PARENT TEACHER O 39 MAGNOLIA LN PRINCETON, NJ 085404013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PRINCETON SPECIAL SPORTS INC 60 MARION RD W PRINCETON, NJ 085404118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
MCCARTER THEATRE COMPANY 91 UNIVERSITY PLACE PRINCETON, NJ 085405121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING ALLY INC20 ROSZEL RD PRINCETON, NJ 085406206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEARNING ALLY INC20 ROSZEL RD PRINCETON, NJ 085406206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DR Y S RAJASEKHARA REDDY FOUNDATION 23 CASSELBERRY WAY PRINCETON, NJ 085406469	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG AUDIENCES OF NEW JERSEY 200 FORRESTAL ROAD PRINCETON, NJ 085406605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JOHNSON PARK PARENT TEACHER ORGANIZ 285 ROSEDALE RD PRINCETON, NJ 085406705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	765
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITHERSPOON INSTITUTE INC 16 STOCKTON ST PRINCETON, NJ 085406813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HITOPS INC21 WIGGINS ST PRINCETON, NJ 085406914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST PAUL SCHOOL218 NASSAU STREET PRINCETON, NJ 085424604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,174
PRINCETON FIRST AID AND RESCUE SQUA PO BOX 529 PRINCETON, NJ 085420529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON FIRST AID AND RESCUE SQUA PO BOX 529 PRINCETON, NJ 085420529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 085423204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 085423204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTURION MINISTRIES 221 WITHERSPOON ST PRINCETON, NJ 085423215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
CLIMATE CENTRAL INC 1 PALMER SQ E STE 330 PRINCETON, NJ 085423778	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
PRINCETON CORNERSTONE COMMUNITY KIT 7 VANDEVENTER AVE PRINCETON, NJ 085426920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON CORNERSTONE COMMUNITY KIT 7 VANDEVENTER AVE PRINCETON, NJ 085426920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PRINCETON IN ASIA INC LOUIS ASIMPSON INTERNATIONAL BUILDING PRINCETON UNIVERSITY PRINCETON, NJ 085427003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,738
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085440001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085440001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST WINDSOR-PLAINSBORO EDUCATION F PO BOX 280 PRINCETON JCT, NJ 085500280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
WEST WINDSOR-PLAINSBORO EDUCATION F PO BOX 280 WEST WINDSOR, NJ 085500280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SINFONIETTA NOVA A NEW JERSEY NONPR 40 HONEYFLOWER LN PRINCETON JCT, NJ 085502419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM CORPS FOR HARMONIOUS DEVELOPM 3 PRIORY RD PRINCETON JCT, NJ 085503114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,169
DREAM CORPS FOR HARMONIOUS DEVELOPM 3 PRIORY RD PRINCETON JCT, NJ 085503114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROCKY HILL HOOK AND LADDER CO NO 1 PO BOX 327 ROCKY HILL, NJ 085530327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERBANK CHARTER SCHOOL OF EXCELLE 1300 HORNBERGER AVE ROEBLING, NJ 085541313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
RIVERBANK CHARTER SCHOOL OF EXCELLE 1300 HORNBERGER AVE ROEBLING, NJ 085541313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MONTGOMERY ATHLETIC BOOSTER CLUB 1016 ROUTE 601 SKILLMAN, NJ 085582119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE CENTER FRIENDS INC PO BOX 161 TITUSVILLE, NJ 085600161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILDLIFE CENTER FRIENDS INC PO BOX 161 TITUSVILLE, NJ 085600161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	235
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NORTHERN CENT 437 E STATE ST TRENTON, NJ 086081501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UIH FAMILY PARTNERS INC 4 NORTH BROAD ST SUITE 2R TRENTON, NJ 086081702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE ST TRENTON, NJ 086112217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
NEW JERSEY STATE MUSEUM FOUNDATION PO BOX 530 TRENTON, NJ 086180000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	211
MERCER STREET FRIENDS CENTER 7 DUNMORE AVE EWING, NJ 086181937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 7 DUNMORE AVE EWING, NJ 086181937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	392
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
MILL HILL CHILD AND FAMILY DEVELOPM 101 OAKLAND STREET TRENTON, NJ 086183507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
URBANPROMISE TRENTON 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBANPROMISE TRENTON 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
YOUNG SCHOLARS INSTITUTE INC 349 W STATE ST TRENTON, NJ 086185705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CATHOLIC CHARITIES DIOCESE OF TRENT 383 W STATE ST TRENTON, NJ 086185705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINK RIBBON SOFTBALL INC PO BOX 3189 MERCERVILLE, NJ 086190189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIDERS FOR A CAUSEPO BOX 3283 MERCERVILLE, NJ 086190283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	654
RYANS QUEST INC6 CORAL DR HAMILTON, NJ 086191514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYANS QUEST INC6 CORAL DR HAMILTON, NJ 086191514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
ANIMAL ALLIES1051 RIVER RD W TRENTON, NJ 086282102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ALLIES1051 RIVER RD W TRENTON, NJ 086282102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL ALLIES1051 RIVER RD W TRENTON, NJ 086282102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CAPITAL SINGERS OF TRENTON PO BOX 5297 TRENTON, NJ 086380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL SINGERS OF TRENTON PO BOX 5297 TRENTON, NJ 086380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIFETIES INC2205 PENNINGTON RD TRENTON, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL HEALTH SYSTEM FOUNDATION IN 750 BRUNSWICK AVE TRENTON, NJ 086384143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAWRENCEVILLE SCHOOL PO BOX 6008 LAWRENCEVILLE, NJ 086480008	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE LAWRENCEVILLE SCHOOL PO BOX 6008 LAWRENCEVILLE, NJ 086480008	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,750
TRUSTEES OF THE LAWRENCEVILLE SCHOO PO BOX 6125 LAWRENCEVILLE, NJ 086480126	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,950
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT FREEDOM INC 1 FREEDOM BLVD LAWRENCEVILLE, NJ 086484531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
WOMANSPACE INC 1530 BRUNSWICK AVE LAWRENCEVILLE, NJ 086484657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MERCER COUNTY COMMUNITY COLLEGE FOU PO BOX 17202 TRENTON, NJ 086900000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,480
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMILTON & WASHINGTON TOWNSHIPS SUN 2129 RT 33 LEXINGTON SQUARE HAMILTON, NJ 086900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MERCER COUNTY COMMUNITY COLLEGE FOU PO BOX 17202 TRENTON, NJ 086900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROBERT WOOD JOHNSON UNIVERSITY HOSP ONE HAMILTON HEALTH PL HAMILTON, NJ 086900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS A RUFF LIFE RESCUE A NJ NON PRO 2113 WHATLEY RD HAMILTON, NJ 086903125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ROBBINSVILLE HIGH SCHOOL PARENT TEA 155 ROBBINSVILLE EDINBURG RD ROBBINSVILLE, NJ 086913013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBBINSVILLE HIGH SCHOOL PARENT TEA 155 ROBBINSVILLE EDINBURG RD ROBBINSVILLE, NJ 086913013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YESHIVA ORCHOS CHAIM INC PO BOX 963 LAKEWOOD, NJ 087010963	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
YESHIVA ORCHOS CHAIM INC PO BOX 963 LAKEWOOD, NJ 087010963	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA ORCHOS CHAIM INC PO BOX 963 LAKEWOOD, NJ 087010963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CONGREGATION BNOS YAAKOV INC 2 KENT RD LAKEWOOD, NJ 087011172	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
KEREN YEHOSHUA V YISROEL INC 125 CAREY ST LAKEWOOD, NJ 087011835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH MEDRASH GOVOHA OF AMERICA 617 6TH ST LAKEWOOD, NJ 087012754	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BETH MEDRASH GOVOHA OF AMERICA 617 6TH ST LAKEWOOD, NJ 087012754	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 087014540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON GROUND INC67 TAYLOR AVE MANASQUAN, NJ 087363022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FIRST PRESBYTERIAN CHURCH 16 VIRGINIA AVE MANASQUAN, NJ 087363503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	475
FIRST PRESBYTERIAN CHURCH 16 VIRGINIA AVE MANASQUAN, NJ 087363503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE UNITY TOUR INCPO BOX 707 PT PLEASANT, NJ 087420707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
200 CLUB OF OCEAN COUNTY INC PO BOX 1749 POINT PLEASANT BEACH, NJ 087421749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAY HEAD YACHT CLUB WELFARE FUND 111 METCALFE ST BAY HEAD, NJ 087425040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	496
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
21 PLUS FOUNDATION INC 252 WASHINGTON ST STE 1 TOMS RIVER, NJ 087537582	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CONTACT USA INCPO BOX 1121 TOMS RIVER, NJ 087541121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEARN UBUNTU ORG INC 1203 ARTHUR ST TOMS RIVER, NJ 087551065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1518 RIDGEWAY RD TOMS RIVER, NJ 087554072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANNANDALE VOLUNTEER HOSE COMPANY NO 68 BEAVER AVE ANNANDALE, NJ 088013065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
GOATS OF ANARCHY INC 10 LOWER WEST ST UNIT 453 ANNANDALE, NJ 088017019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATS OF ANARCHY INC 10 LOWER WEST ST UNIT 453 ANNANDALE, NJ 088017019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GOATS OF ANARCHY INC 10 LOWER WEST ST UNIT 453 ANNANDALE, NJ 088017019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARTIN LUTHER KING YOUTH CENTER INC 1289 PRINCE RODGERS BRIDGEWATER, NJ 088070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY CENTER OF SOMERSET 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY CENTER OF SOMERSET 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
JEWISH COMMUNITY CENTER OF SOMERSET 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ELLE FOUNDATION INCPO BOX 8068 BRIDGEWATER, NJ 088078068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLE FOUNDATION INCPO BOX 8068 BRIDGEWATER, NJ 088078068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CLINTON FIRST AID AND RESCUE SQUAD PO BOX 5265 CLINTON, NJ 088090265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FREEDOM HOUSE FOUNDATION INC 2004 STATE ROUTE 31 STE 9 CLINTON, NJ 088092040	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBREY FOUNDATIONPO BOX 345 DAYTON, NJ 088100345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AUBREY FOUNDATIONPO BOX 345 DAYTON, NJ 088100345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	640
ANIMAL RESCUE FORCE INC PO BOX 418 E BRUNSWICK, NJ 088160418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUAXIA EAST BRUNSWICK CHINESE SCHOO PO BOX 6128 E BRUNSWICK, NJ 088166128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
MARISA TUFARO FOUNDATION INC 10 RUTGERS ST EDISON, NJ 088173019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NAMI MIDDLESEX INC 100 PLAINFIELD AVE STE 8C EDISON, NJ 088176701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP GEORGE AHR HIGH SCHOOL 1 TINGLEY LANE EDISON, NJ 088201490	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THIRUVALLUVAR TAMIL SCHOOL INC 3 UNIVERSAL AVE EDISON, NJ 088202408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
THIRUVALLUVAR TAMIL SCHOOL INC 3 UNIVERSAL AVE EDISON, NJ 088202408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADHANA SANGAMA INTERNATIONAL INC 2 PINE RIDGE DR EDISON, NJ 088202826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
JFK HEALTH SYSTEM INC 98 JAMES ST 4TH FLOOR EDISON, NJ 088203902	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
HUNTERDON CENTRAL REGIONAL HIGH SCH 84 ROUTE 31 FLEMINGTON, NJ 088221239	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF HUNTERDON COUNTY 10 E MAIN ST FLEMINGTON, NJ 088221208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HCRHS TEAM 3637 ROBOTICS SUPPORT AS PO BOX 2544 FLEMINGTON, NJ 088222544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HCRHS TEAM 3637 ROBOTICS SUPPORT AS PO BOX 2544 FLEMINGTON, NJ 088222544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	550
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	575
HUGS FOR BRADY FOUNDATION 4 QUENTIN RD KENDALL PARK, NJ 088241106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
VOORHEES VIKINGS BOOSTER CLUB INC 256 COUNTY ROAD 513 GLEN GARDNER, NJ 088266430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN IRISH ASSOCIATION OF WOODB PO BOX 114 ISELIN, NJ 088300114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN IRISH ASSOCIATION OF WOODB PO BOX 114 ISELIN, NJ 088300114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 088310000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTO AMICI INC114 ROCKAWAY RD LEBANON, NJ 088334408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARC OF NEW JERSEY INC 141 S MAIN ST MANVILLE, NJ 088351803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
MARTINSVILLE RESCUE SQUAD INC P O BOX 296 MARTINSVILLE, NJ 088360296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL BRUCE FUNDPO BOX 585 MARTINSVILLE, NJ 088360585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST JOSEPH HIGH SCHOOL 145 PLAINFIELD ROAD METUCHEN, NJ 088401004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
SAINT JOSEPH HIGH SCHOOL 145 PLAINFIELD AVE METUCHEN, NJ 088401004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CHOICES RESOURCE CENTER INC 503 MAIN ST METUCHEN, NJ 088401455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE CITIZENS CAMPAIGN INC 450 MAIN STREET METUCHEN, NJ 088401800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
I4FARMERS INC410 N LAFAYETTE RD METUCHEN, NJ 088402980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	950
NEW JERSEY YOUNG ARTISTS ASSOCIATIO 121 STRYKER LANE BLDG 30 UNIT 8 HILLSBOROUGH, NJ 088441932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
TEMPLE BETH EL67 US HIGHWAY 206 HILLSBOROUGH, NJ 088444142	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC PO BOX 7061 HILLSBOROUGH, NJ 088447061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC PO BOX 7061 HILLSBOROUGH, NJ 088447061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COALITION FOR ANIMALS INC 533 GILES AVE MIDDLESEX, NJ 088462408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BRUNSWICK PUBLIC LIBRARY FOUN 110 KINGSTON LN MONMOUTH JCT, NJ 088523005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
ZIPPY FUND INC494 WHITON RD BRANCHBURG, NJ 088534206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF FATIMA CHURCH 50 VAN WINKLE PL PISCATAWAY, NJ 088541537	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AN-NOOR ACADEMY INC 1000 HOES LN E PISCATAWAY, NJ 088545090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29,453
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55,852
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,254
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,500
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,501
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS SOCCER LEAGUE OF OLD BRIDGE I 11 ELEANOR STREET OLD BRIDGE, NJ 088570160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRLS SOCCER LEAGUE OF OLD BRIDGE I 11 ELEANOR STREET OLD BRIDGE, NJ 088570160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PUERTO RICAN ASSOCIATION FOR HUMAN 100 FIRST STREET PERTH AMBOY, NJ 088614645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JAMES LUTHERAN CHURCH 1213 US HIGHWAY 22 PHILLIPSBURG, NJ 088654102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST JAMES LUTHERAN CHURCH 1213 US HIGHWAY 22 PHILLIPSBURG, NJ 088654102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
TRI-STATE WEIMARANER RESCUE INC 3119 BELVIDERE RD PHILLIPSBURG, NJ 088659584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE WEIMARANER RESCUE INC 3119 BELVIDERE RD PHILLIPSBURG, NJ 088659584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTRAL JERSEY HOUSING RESOURCE CEN 600 FIRST AVENUE SUITE 3 RARITAN, NJ 088691346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ST MATTHIAS ELEMENTARY SCHOOL 168 JOHN F KENNEDY BLVD SOMERSET, NJ 088732230	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKY MEDITATION CENTER A NJ NONPROFI C/O BHARARTHY ARUMUGAM - 26B HENRY STREET SOMERSET, NJ 088730000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
SKY MEDITATION CENTER A NJ NONPROFI C/O BHARARTHY ARUMUGAM - 26B HENRY STREET SOMERSET, NJ 088730000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUTGERS PREPARATORY SCHOOL 1345 EASTON AVE SOMERSET, NJ 088731499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR GREAT EXPECTATIONS I 19B DELLWOOD LN SOMERSET, NJ 088731551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CENTER FOR GREAT EXPECTATIONS I 19B DELLWOOD LN SOMERSET, NJ 088731551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SIMUEL WHITFIELD SIMMONS 20 DOUGLAS AVE SOMERSET, NJ 088733227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMUEL WHITFIELD SIMMONS 20 DOUGLAS AVE SOMERSET, NJ 088733227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SISTER2SISTER INC1201 HAMILTON ST SOMERSET, NJ 088733382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VEDANTA CULTURAL FOUNDATION USA INC 500 CROSSFIELDS LN SOMERSET, NJ 088736012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AWOGA USA INCPO BOX 145 SOMERSET, NJ 088750145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED LIFETIME ASSISTANCE NETWORK PO BOX 547 SOMERVILLE, NJ 088760547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,525
PLANNED LIFETIME ASSISTANCE NETWORK PO BOX 547 SOMERVILLE, NJ 088760547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RARITAN VALLEY COMMUNITY COLLEGE FO PO BOX 3300 SOMERVILLE, NJ 088761265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
JEWISH FAMILY SERVICE OF SOMERSET H 150A W HIGH ST SOMERVILLE, NJ 088761818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
SOMERVILLE MIDDLE SCHOOL BAND BOOST 51 W CLIFF ST SOMERVILLE, NJ 088761903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANCHBURG TOWNSHIP PARENT-TEACHER 220 BAIRD RD BRANCHBURG, NJ 088763727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FEDERATION OF GREATER MIDDLE 230 OLD BRIDGE TPKE SOUTH RIVER, NJ 088822053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
ST ELIZABETH ANN SETON RC CHURCH 105 SUMMER RD THREE BRIDGES, NJ 088872307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,144
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVING HOPE NETWORKPO BOX 155 WHITEHOUSE STATION, NJ 088890155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GIVING HOPE NETWORKPO BOX 155 WHITEHOUSE STATION, NJ 088890155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIVING HOPE NETWORKPO BOX 155 WHITEHOUSE STATION, NJ 088890155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITEHOUSE FIRE COMPANY NUMBER ONE PO BOX 215 WHITE HSE STA, NJ 088890215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
COMMUNITY LOAN FUND OF NEW JERSEY 108 CHURCH ST NEW BRUNSWICK, NJ 089012002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70,000
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 089012036	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENDER CONNECT1107 SCHMIDT LN NORTH BRUNSWICK, NJ 089021360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SISTERHOOD OF SALAAM SHALOM PO BOX 7117 N BRUNSWICK, NJ 089027117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PRIDE CENTER OF NEW JERSEY INC 85 RARITAN AVE STE 100 HIGHLAND PARK, NJ 089042430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE CENTER OF NEW JERSEY INC 85 RARITAN AVE STE 100 HIGHLAND PARK, NJ 089042430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS AVIANO AB ITALY UNIT 6107 APO, AE 096046107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS AVIANO AB ITALY UNIT 6107 APO, AE 096046107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS AVIANO AB ITALY UNIT 6107 APO, AE 096046107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW WOMEN NEW YORKERS INC 601 W 26TH ST RM 325 99 NEW YORK, NY 100011141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 100011810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 100011810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,881
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 100011810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	830
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 100011810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 100011810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
GLAAD INC104 W 29TH ST 4TH FLOOR NEW YORK, NY 100012505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FRACTURED ATLAS INC 248 W 35TH ST 10TH FL NEW YORK, NY 100012510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,138
FRACTURED ATLAS INC 248 W 35TH ST 10TH FL NEW YORK, NY 100012510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRACTURED ATLAS INC 248 W 35TH ST 10TH FL NEW YORK, NY 100012510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,269
FRACTURED ATLAS INC 248 W 35TH ST 10TH FL NEW YORK, NY 100012510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HOUSING AND SERVICES INC 243 W 30TH ST FL 2 NEW YORK, NY 100012812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 100012904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CREATIVE ARTS TEAM INC 101 WEST 31ST STREET 6TH FLOOR NEW YORK, NY 100013507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONGREGATION CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 100014007	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 100014007	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,036
CONGREGATION CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 100014007	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,431
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	609
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	412
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,029
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	797
BEND THE ARC-A JEWISH PARTNERSHIP F 330 SEVENTH AVENUE SUITE 210 NEW YORK, NY 100015010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 100015029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MEDECINS SANS FRONTIERS USA INC 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 100015029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COOLEYS ANEMIA FOUNDATION INC 330 7TH AVE STE 900 NEW YORK, NY 100015264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICES & ADVOCACY FOR GAY LESBIAN 305 SEVENTH AVENUE 12TH FLOOR NEW YORK, NY 100016008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	95
SERVICES & ADVOCACY FOR GAY LESBIAN 305 SEVENTH AVENUE 12TH FLOOR NEW YORK, NY 100016008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
INSTITUTE OF CORE ENERGETICS INC 150 W 28TH ST STE 1803 NEW YORK, NY 100016292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF CORE ENERGETICS INC 150 W 28TH ST STE 1803 NEW YORK, NY 100016292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVENUE 7TH FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 7 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE RADIO CLUB OF JHS 22 NYC INC PO BOX 1052 NEW YORK, NY 100020902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA ASSOCIATION OF BARD HIGH SCHOOL 525 E HOUSTON ST NEW YORK, NY 100021146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA ASSOCIATION OF BARD HIGH SCHOOL 525 E HOUSTON ST NEW YORK, NY 100021146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRIENDS OF CORLEARS HOOK PARK INC 575 GRAND ST APT E901 NEW YORK, NY 100023575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL TAYLOR DANCE FOUNDATION INC 551 GRAND STREET NEW YORK, NY 100024282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BALLET THEATRE FOUNDATION INC 890 BROADWAY 3RD FLOOR NEW YORK, NY 100031211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BALLET THEATRE FOUNDATION INC 890 BROADWAY 3RD FLOOR NEW YORK, NY 100031211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAMERCY PARK BLOCK ASSOCIATION INC 34 GRAMERCY PARK E NEW YORK, NY 100031731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEARNINGSPRING SCHOOL 247 E 20TH ST NEW YORK, NY 100031801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
LEARNINGSPRING SCHOOL 247 E 20TH ST NEW YORK, NY 100031801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SALK SCHOOL OF SCIEN 320 E 20TH ST NEW YORK, NY 100031804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOUSE OF SPEAKEASY FOUNDATION 117 E 19TH ST NEW YORK, NY 100032110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 100033790	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEAL FUTURE FUND INC 111 E 14TH ST 393 NEW YORK, NY 100034277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GRACE CHURCH SCHOOL86 4TH AVE NEW YORK, NY 100035232	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
GRACE CHURCH SCHOOL86 4TH AVE NEW YORK, NY 100035232	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE CHURCH SCHOOL86 4TH AVE NEW YORK, NY 100035232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CLUBBED THUMB INC 440 LAFAYETTE ST 4J NEW YORK, NY 100036919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 8TH FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 8TH FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 8TH FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 8TH FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,367
SASHA GM SHAIKH FOUNDATION INC 10 EAST 40TH ST SUITE 3307 NEW YORK, NY 100040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEWISH FEDERATIONS OF NORTH AME 25 BROADWAY FL 17 NEW YORK, NY 100041015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FRIENDS OF NEVE COLLEGE FOR WOMEN I 25 BROADWAY RM 403 NEW YORK, NY 100041066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
SHALOM TASK FORCE INC 25 BROADWAY RM 403 NEW YORK, NY 100041066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF THE HEBREW UNIV ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 100041405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN FRIENDS OF THE HEBREW UNIV ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 100041405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UBUNTU PATHWAYS INC 32 BROADWAY STE 414 NEW YORK, NY 100041672	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PS 217 26 BROADWAY STE 1900 NEW YORK, NY 100041703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
JDRF INTERNATIONAL 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,095
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,510
JDRF INTERNATIONAL 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUNG SURVIVAL COALITION INC 80 BROAD ST STE 1700 NEW YORK, NY 100042243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION FOR NEIGHBORHOOD & HOUS 50 BROAD ST STE 1402 NEW YORK CITY, NY 100042376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,816
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,755
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER FREE AMERICA INC 50 BROAD ST STE 1103 NEW YORK, NY 100042500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE MENTAL HEALTH ASSOCIATION OF NE 50 BROADWAY19TH FLOOR NEW YORK, NY 100043814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
QUAD PREPARATORY SCHOOL 25 PINE STREET 4TH FLOOR NEW YORK, NY 100051001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODYSSEY HOUSE INC 120 WALL STREET 17TH FLOOR NEW YORK, NY 100051703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CITIES FOR FINANCIAL EMPOWERMENT FU 44 WALL ST 605 NEW YORK, NY 100052401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,490
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED 120 WALL STREET STE 1800 NEW YORK, NY 100053704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GIRLS INCORPORATED 120 WALL STREET STE 1800 NEW YORK, NY 100053704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GIRLS INCORPORATED 120 WALL STREET STE 1800 NEW YORK, NY 100053704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED 120 WALL STREET 3RD FLOOR NEW YORK, NY 100053904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL URBAN LEAGUE INC 80 PINE STREET NEW YORK, NY 100053904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE ST 6TH FLOOR NEW YORK, NY 100053917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE ST 6TH FLOOR NEW YORK, NY 100053917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,510
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 100054015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NPOWER INC99 WALL STREET STE 350 NEW YORK, NY 100054301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DKMS100 BROADWAY 6TH FLOOR NEW YORK, NY 100054511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DKMS100 BROADWAY FL 6 NEW YORK, NY 100054511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
NEW YORK WOMENS FOUNDATION 39 BROADWAY STE 2300 NEW YORK, NY 100063003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF THE TEL AVIV UN 39 BROADWAY RM 1510 NEW YORK, NY 100063083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN FRIENDS OF THE TEL AVIV UN 39 BROADWAY RM 1510 NEW YORK, NY 100063083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FRIENDS OF THE TEL AVIV UN 39 BROADWAY RM 1510 NEW YORK, NY 100063083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,430
CANCER RESEARCH FUND OF THE DAMON R ONE EXCHANGE PLAZA NEW YORK, NY 100063720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER RESEARCH FUND OF THE DAMON R ONE EXCHANGE PLAZA NEW YORK, NY 100063720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HORIZON INC 2 LAFAYETTE STREET FLOOR 3 NEW YORK, NY 100071327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN FRIENDS OF THE ARTS IN IRE 299 BROADWAY SUITE 1305 NEW YORK, NY 100071901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEW YORK PUBLIC INTEREST RESEARCH G 9 MURRAY ST LOWER LEVEL NEW YORK, NY 100072223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	395
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CARE AND CONTROL OF NEW YORK 11 PARK PL NEW YORK, NY 100072801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CARLITOS WISH FOUNDATION PO BOX 1997 NEW YORK, NY 100081997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIVEDIRECTLY INC CHURCH ST STATION PO BOX 3221 NEW YORK, NY 100083221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVEDIRECTLY INC CHURCH ST STATION PO BOX 3221 NEW YORK, NY 100083221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,100
GIVEDIRECTLY INC CHURCH ST STATION PO BOX 3221 NEW YORK, NY 100083221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	485
GIVEDIRECTLY INC CHURCH ST STATION PO BOX 3221 NEW YORK, NY 100083221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUYVESANT HIGH SCHOOL ALUMNI ASSOC PO BOX 3531 NEW YORK, NY 100083531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
STUYVESANT HIGH SCHOOL ALUMNI ASSOC PO BOX 3531 NEW YORK, NY 100083531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
TRINITYS SERVICES AND FOOD FOR THE 602 E 9TH ST NEW YORK, NY 100095239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITYS SERVICES AND FOOD FOR THE 602 E 9TH ST NEW YORK, NY 100095239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GEORGE JACKSON ACADEMY 104 SAINT MARKS PL NEW YORK, NY 100095818	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
ACORN SCHOOL330 E 26TH ST NEW YORK, NY 100101904	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENCIL INC 30 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 100102011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
HOLLAND LODGE HISTORICAL SOCIETY 71 WEST 23 ST NEW YORK, NY 100103510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SVA ALUMNI SOCIETY INC 209 E 23RD ST NEW YORK, NY 100103901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY AUDUBON SOCIETY INC 71 W 23RD ST STE 1523 NEW YORK, NY 100104198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NEW YORK CITY AUDUBON SOCIETY INC 71 W 23RD ST STE 1523 NEW YORK, NY 100104198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDREN OF ARMENIA FUND INC 149 5TH AVENUE - SUITE 500 NEW YORK, NY 100106801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE S 17TH FL NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE S 17TH FL NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE S 17TH FL NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE S 17TH FL NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE S 17TH FL NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 100110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 100110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
COMMIT-2-CHANGE INC 500 W 23RD ST APT 3D NEW YORK, NY 100110051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JOYCE THEATER FOUNDATION INC 175 8TH AVE NEW YORK, NY 100111694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JGRADS NYC236 W 23RD ST NEW YORK, NY 100112301	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	360
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,940
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,772
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	534
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HEAL OUR HEROES INC 108 W 17TH ST APT 10 NEW YORK, NY 100115405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
XAVIER MISSION INC55 W 15TH ST NEW YORK, NY 100116801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,113
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,960
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	876
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,821
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,926
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,906
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	941
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE NEW SCHOOL80 5TH AVE FL 4 NEW YORK, NY 100118002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NEW YORK UNIVERSITY SCHOOL OF BUSIN C/O KAUFMAN MGMT CTR-44 WEST 4TH ST NEW YORK, NY 100120000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR CONSTITUTIONAL RIGHTS IN 666 BROADWAY FL 7 NEW YORK, NY 100122317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY 665 BROADWAY SUITE 801 NEW YORK, NY 100122331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
NEW YORK UNIVERSITY 665 BROADWAY SUITE 801 NEW YORK, NY 100122331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEECKER ST NEW YORK, NY 100122413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
VIRGIN UNITE USA INC 65 BLEECKER STREET NEW YORK, NY 100122420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CFDA FOUNDATION INC 65 BLEECKER ST FL 11 NEW YORK, NY 100122420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABIN CREEK CENTER FOR WORK AND ENV 270 LAFAYETTE ST NEW YORK, NY 100123311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
FUND FOR THE CITY OF NEW YORK INC 121 SIXTH AVENUE 6TH AVE NEW YORK, NY 100130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TRIBECA TRUST INCPO BOX 1180 NEW YORK, NY 100130867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE PASSAGE PROJECT CORPORATION 185 W BROADWAY NEW YORK, NY 100132921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SOHO REPERTORY THEATRE INC 401 BROADWAY STE 300 NEW YORK, NY 100133005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ACUMEN FUND INC 40 WORTH ST RM 303 NEW YORK, NY 100133196	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVENUES FOR JUSTICE INC 100 CENTRE ST RM 1541 NEW YORK, NY 100134308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
DOWNTOWN COMMUNITY TELEVISION CENTE 87 LAFAYETTE ST NEW YORK, NY 100134410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
NEW YORK CITY RESCUE MISSION 90 LAFAYETTE ST NEW YORK, NY 100134416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY RESCUE MISSION 90 LAFAYETTE ST NEW YORK, NY 100134416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK CITY RESCUE MISSION 90 LAFAYETTE ST NEW YORK, NY 100134416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHINATOWN MANPOWER PROJECT INC 70 MULBERRY ST NEW YORK, NY 100134477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	372
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE COMMUNITY SCHOOL 272 W 10TH ST NEW YORK, NY 100142513	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
VILLAGE COMMUNITY SCHOOL 272 W 10TH ST NEW YORK, NY 100142513	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SCHOOL COMMUNITY COUNCIL PS3 490 HUDSON ST NEW YORK, NY 100142818	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN & GAY BIG APPLE CORPS INC 332 BLEECKER ST NEW YORK, NY 100142980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LESBIAN & GAY BIG APPLE CORPS INC 332 BLEECKER ST NEW YORK, NY 100142980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST FL 7 NEW YORK, NY 100144396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST FL 7 NEW YORK, NY 100144396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST FL 7 NEW YORK, NY 100144396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FILM FORUM INC209 W HOUSTON ST NEW YORK, NY 100144837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILM FORUM INC209 W HOUSTON ST NEW YORK, NY 100144837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	453
FILM FORUM INC209 W HOUSTON ST NEW YORK, NY 100144837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
SUSTAINABLE HEALTH ENTERPRISES INC 14 JONES ST APT 2C NEW YORK, NY 100145628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVE 10TH FL NEW YORK, NY 100161101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVE 10TH FL NEW YORK, NY 100161101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVE 10TH FL NEW YORK, NY 100161101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVE 10TH FLOOR NEW YORK, NY 100161106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION LEAGUE CLUBHOUSE FOUNDATION 38 E 37TH ST NEW YORK, NY 100163008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TEAM CONTINUUM INC 401 5TH AVE 4TH FLOOR NEW YORK, NY 100163317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PIERPONT MORGAN LIBRARY 225 MADISON AVENUE NEW YORK, NY 100163405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEMINIST PRESS INC 365 FIFTH AVE STE 5406 NEW YORK, NY 100164309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	477
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,805
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 100165011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BLUE CARD INC171 MADISON AVENUE NEW YORK, NY 100165110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE CARD INC171 MADISON AVENUE NEW YORK, NY 100165110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC HEALTH CARE FOUNDATION OF 205 LEXINGTON AVE - 2ND FLR NEW YORK, NY 100166053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN FRIENDS OF SHALVA ISRAEL I 315 5TH AVE FL 6 NEW YORK, NY 100166510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF SHALVA ISRAEL I 315 5TH AVE FL 6 NEW YORK, NY 100166510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
DRESS FOR SUCCESS WORLDWIDE 32 E 31ST STREET NEW YORK, NY 100166881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SHEFA SCHOOL INC40 E 29TH ST NEW YORK, NY 100167901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCHILL SCHOOL AND CENTER 301 E 29TH ST NEW YORK, NY 100168301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
CHILDREN OF BELLEVUE INC 462 FIRST AVE ME15 NEW YORK, NY 100169196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVE FINANCE 4TH FLR NEW YORK, NY 100170000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVE FINANCE 4TH FLR NEW YORK, NY 100170000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
JAPAN SOCIETY INC 333 EAST 47TH STREET NEW YORK, NY 100172301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	840
JAPAN SOCIETY INC 333 EAST 47TH STREET NEW YORK, NY 100172301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF SCHOLARS 12 E 46TH STREET 6TH FLOOR NEW YORK, NY 100172418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	854
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	757
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,880
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,525
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,141
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIA FOUNDATION 216 E 45TH STREET 7TH FL NEW YORK, NY 100173304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN INDIA FOUNDATION 216 E 45TH STREET 7TH FL NEW YORK, NY 100173304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,350
INTERNATIONAL PRESCHOOLS 330 E 45TH ST NEW YORK, NY 100173401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROTESTANT EPISCOPAL CHURCH IN THE 815 2ND AVE NEW YORK, NY 100174503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
GAMES FOR CHANGE INC 205 EAST 42ND ST 20TH FL NEW YORK, NY 100175706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SEEDS OF PEACE INC 370 LEXINGTON AVE STE 1201 NEW YORK, NY 100176594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SEEDS OF PEACE INC 370 LEXINGTON AVE STE 1201 NEW YORK, NY 100176594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEEDS OF PEACE INC 370 LEXINGTON AVE STE 1201 NEW YORK, NY 100176594	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	921
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	347
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	633
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	722
ROBERT COLLEGE FOUNDATION 461 FIFTH AVENUE 17TH FLOOR NEW YORK, NY 100177717	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN COMMITTEE FOR THE WEIZMANN 633 3RD AVE FL 20 NEW YORK, NY 100178156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATIVE ARTS WORKSHOPS FOR KIDS IN 520 8TH AVE STE 201A NEW YORK, NY 100180000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOB WOODRUFF FAMILY FOUNDATION INC 1350 BROADWAY RM 905 NEW YORK, NY 100180946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
BOOMER ESIASON FOUNDATION 483 10TH AVE RM 300 NEW YORK, NY 100181136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DYSAUTONOMIA FOUNDATION INC 315 W 39TH ST RM 701 NEW YORK, NY 100181469	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	430
PANTHERA CORPORATION 8 W 40TH ST FL 18 NEW YORK, NY 100182218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LUNG ASSOCIATION 21 WEST 38TH ST 3RD FL NEW YORK, NY 100182254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD PLUS FOUNDATION INC 306 W 37TH ST FL 8 NEW YORK, NY 100182488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
SOARINGWORDS INC54 W 40TH ST NEW YORK, NY 100182602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,875
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
FRIENDS OF ISRAEL SCOUTS INC 575 8TH AVE FL 11 NEW YORK, NY 100183549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
NATIONAL ALLIANCE FOR THE MENTALLY 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR HEBREW LANGUAGE 555 8TH AVE RM 1703 NEW YORK, NY 100184645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOCAL INITIATIVES SUPPORT CORPORATI 501 7TH AVENUE 7TH FLOOR NEW YORK, NY 100185903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOCAL INITIATIVES SUPPORT CORPORATI 501 7TH AVENUE 7TH FLOOR NEW YORK, NY 100185903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAPTIVE DESIGN ASSOCIATION INC 313 W 36TH ST NEW YORK, NY 100186401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD HOUSING SERVICES OF NE 307 WEST 36TH STREET 12TH FLOOR NEW YORK, NY 100186495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOARD OF JEWISH EDUCATION INC 520 8TH AVE 15TH FLOOR NEW YORK, NY 100186507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK SCORES 520 EIGHTH AVENUE 2ND FLOOR NEW YORK, NY 100186609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
DELIVERING GOOD INC 266 W 37TH ST FL 22 NEW YORK, NY 100186638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DONORSCHOOSE ORG134 W 37TH ST NEW YORK, NY 100186911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,655
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,162
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	446
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,663
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,910
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,084
DONORSCHOOSE ORG 134 W 37TH ST FL 11 FLOOR NEW YORK, NY 100186938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,102
NEW DESTINY HOUSING CORPORATION 12 WEST 37TH STREET 7TH FLOOR NEW YORK, NY 100187384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY ALLIANCE RESEARCH FO 404 5TH AVE 3RD FL NEW YORK, NY 100187510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	666
CEREBRAL PALSY ALLIANCE RESEARCH FO 404 5TH AVE 3RD FL NEW YORK, NY 100187510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
NEW YORK YOUTH SYMPHONY INC 110 W 40TH ST RM 1503 NEW YORK, NY 100188517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TISCH MULTIPLE SCLEROSIS RESEARCH C 521 W 57TH ST FL 4 NEW YORK, NY 100192929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	272
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,400
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR ANIMALS INC 200 W 57TH ST 705 NEW YORK, NY 100193211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FUND FOR ANIMALS INC 200 W 57TH ST 705 NEW YORK, NY 100193211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
FUND FOR ANIMALS INC 200 W 57TH ST 705 NEW YORK, NY 100193211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR ANIMALS INC 200 W 57TH ST 705 NEW YORK, NY 100193211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	226
FUND FOR ANIMALS INC 200 W 57TH ST 705 NEW YORK, NY 100193211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARSHALL PROJECT INC 156 W 56TH ST STE 701 NEW YORK, NY 100193877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ENSEMBLE STUDIO THEATRE INC 549 WEST 52ND STREET NEW YORK, NY 100195012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENSEMBLE STUDIO THEATRE INC 549 WEST 52ND STREET NEW YORK, NY 100195012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
52ND STREET PROJECT INC 789 10TH AVE NEW YORK, NY 100195027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONCERT ARTISTS GUILD INC 850 SEVENTH AVE PH-A NEW YORK, NY 100195230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT SWIM FOUNDATION INC 150 W 55TH ST STE 8A NEW YORK, NY 100195305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
TRIDENT SWIM FOUNDATION INC 150 W 55TH ST STE 8A NEW YORK, NY 100195305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
RETHINK THE CONVERSATION LTD 45 WEST 54TH STREET 3C NEW YORK, NY 100195404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDEGO AFRICA PROJECT 51 WEST 52ND STREET - SUITE 2300 NEW YORK, NY 100196119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE ACTORS FUND OF AMERICA 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 100196895	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PUBLIC MEDIA NJ INC 825 EIGHTH AVENUE NEW YORK, NY 100197416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING BAUDOUIN FOUNDATION UNITED STA 10 ROCKEFELLER PLZ FL 16 NEW YORK, NY 100201903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,575
KING BAUDOUIN FOUNDATION UNITED STA 10 ROCKEFELLER PLZ FL 16 NEW YORK, NY 100201903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CAEDMON SCHOOL 416 E 80TH STREET NEW YORK, NY 100211004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CAEDMON SCHOOL 416 E 80TH STREET NEW YORK, NY 100211004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BUCKLEY SCHOOL113 E 73RD STREET NEW YORK, NY 100213536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE CARTER BURDEN NETWORK 415 EAST 73RD STREET NEW YORK, NY 100212304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WAGNER MIDDLE SCHOOL 167 PARENTS AS 220 E 76TH ST NEW YORK, NY 100212901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WAGNER MIDDLE SCHOOL 167 PARENTS AS 220 E 76TH ST NEW YORK, NY 100212901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCEE FRANCAIS DE NEW YORK 505 E 75TH ST NEW YORK, NY 100213103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
LYCEE FRANCAIS DE NEW YORK 505 E 75TH ST NEW YORK, NY 100213103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,000
LYCEE FRANCAIS DE NEW YORK 505 E 75TH ST NEW YORK, NY 100213103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARLY STEPS INC540 E 76TH ST NEW YORK, NY 100213105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MARYMOUNT MANHATTAN COLLEGE 221 E 71ST ST 2ND FLOOR NEW YORK, NY 100214501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYA EDUCATION FUND 360 EAST 72ND STREET STE 3405 NEW YORK, NY 100214753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COLUMBUS CITIZENS FOUNDATION INC 8 E 69TH ST NEW YORK, NY 100214906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
EPISCOPAL SCHOOL IN THE CITY OF NEW 35 E 69TH ST NEW YORK, NY 100214917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL IN THE CITY OF NEW 35 E 69TH ST NEW YORK, NY 100214917	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
FRICK COLLECTION ONE EAST 70TH STREET NEW YORK, NY 100214967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,330
NEW YORK SCHOOL OF INTERIOR DESIGN 170 E 70TH ST NEW YORK, NY 100215167	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWERY MISSION FOUNDATION INC 216 E 70TH ST NEW YORK, NY 100215405	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100216007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100216007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100216007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100216007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DESCENDANTS OF HOLOCAUST SURVIVORS PO BOX 7690 NEW YORK, NY 100220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR TECHNION-ISRA 55 EAST 59TH STREET NEW YORK, NY 100221112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ARMENIAN GENERAL BENEVOLENT UNION 55 E 59TH ST NEW YORK, NY 100221112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN SOCIETY FOR TECHNION-ISRA 55 EAST 59TH STREET NEW YORK, NY 100221112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NEW YORK 306 E 59TH ST NEW YORK, NY 100222006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GARDEN HOUSE SCHOOL OF NEW YORK 40 SUTTON PLACE NEW YORK, NY 100222304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
GARDEN HOUSE SCHOOL OF NEW YORK 40 SUTTON PLACE NEW YORK, NY 100222304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 100222709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 100222709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JEFFREY AHN JR FELLOWSHIP INC 444 E 57TH ST APT 14F NEW YORK, NY 100223515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKING IN SUPPORT OF EDUCATION 227 E 56TH ST SUITE 201 NEW YORK, NY 100223752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WORKING IN SUPPORT OF EDUCATION 227 E 56TH ST SUITE 201 NEW YORK, NY 100223752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INNER-CITY SCHOLARSHIP FUND INC 1011 FIRST AVENUE 18TH FLOOR NEW YORK, NY 100224106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER-CITY SCHOLARSHIP FUND INC 1011 FIRST AVENUE 18TH FLOOR NEW YORK, NY 100224106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,725
THE PARTNERSHIP FOR INNER-CITY EDUC 1011 FIRST AVENUE NO 1856 NEW YORK, NY 100224112	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
ST ANDREWS SOCIETY OF THE STATE OF 150 E 55TH STREET NEW YORK, NY 100224514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,205
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD ALLERGY RESEARCH & EDUCATION I 515 MADISON AVE 19TH FL NEW YORK, NY 100225403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD ALLERGY RESEARCH & EDUCATION I 515 MADISON AVE 19TH FL NEW YORK, NY 100225403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	686
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	739
THE BONE MARROW FOUNDATION INC 515 MADISON AVE RM 1130 NEW YORK, NY 100225456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE BONE MARROW FOUNDATION INC 515 MADISON AVE RM 1130 NEW YORK, NY 100225456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALZBURG FESTIVAL SOCIETY INC 509 MADISON AVE SUITE 802 NEW YORK, NY 100225530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
WORLD JEWISH CONGRESS AMERICAN SECT 501 MADISON AVENUE 9TH FL NEW YORK, NY 100225602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD JEWISH CONGRESS AMERICAN SECT 501 MADISON AVENUE 9TH FL NEW YORK, NY 100225602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMIC RELIEF INC 488 MADISON AVE FL 10 NEW YORK, NY 100225723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMIC RELIEF INC 488 MADISON AVE FL 10 NEW YORK, NY 100225723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
COMIC RELIEF INC 488 MADISON AVE FL 10 NEW YORK, NY 100225723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFELINE NEW YORK 845 3RD AVENUE ROOM 14TH FLOOR NEW YORK, NY 100226601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF UNITED HATZALAH INC 300 EAST 51ST STREET STE 8G NEW YORK, NY 100227806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
DOCOMOMO USPO BOX 230977 NEW YORK, NY 100230017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMORE OPERA INCPO BOX 231368 NEW YORK, NY 100230023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMORE OPERA INCPO BOX 231368 NEW YORK, NY 100230023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHES THE FIRST INCPO BOX 20483 NEW YORK, NY 100231486	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA OHR TORAH COMM SCH 310 W 75TH ST NEW YORK, NY 100231602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
YESHIVA OHR TORAH COMM SCH 310 W 75TH ST NEW YORK, NY 100231602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,650
YESHIVA OHR TORAH COMM SCH 310 W 75TH ST NEW YORK, NY 100231602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKSIDE SCHOOL48 W 74TH ST NEW YORK, NY 100232401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
VOCAL EASE INC 240 W 73RD ST APT 1403 NEW YORK, NY 100232798	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PREP FOR PREP328 WEST 71ST STREET NEW YORK, NY 100233502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANECOARTS INC 225 W END AVE APT 51 NEW YORK, NY 100233641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LANECOARTS INC 225 W END AVE APT 51 NEW YORK, NY 100233641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FIND AID FOR THE AGED INC 160 WEST 71ST STREET 2F NEW YORK, NY 100233901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORM THEATRE INC 32 W 72ND ST APT 2B NEW YORK, NY 100234130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SCHOOL OF THE BLESSED SACRAMENT PAR 147 W 70TH ST NEW YORK, NY 100234410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SCHOOL OF THE BLESSED SACRAMENT PAR 147 W 70TH ST NEW YORK, NY 100234410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELAINE KAUFMAN CULTURAL CENTER-LUCY 129 W 67TH ST NEW YORK, NY 100235915	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MACAULAY HONORS COLLEGE FOUNDATION 35 W 67TH ST NEW YORK, NY 100236203	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
MACAULAY HONORS COLLEGE FOUNDATION 35 W 67TH ST NEW YORK, NY 100236203	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF AMERICAN BALLET INC 70 LINCOLN CENTER PLZ FRNT 5 NEW YORK, NY 100236548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMBER MUSIC SOCIETY OF LINCOLN CE 70 LINCOLN CENTER PLAZA 10TH FLOOR NEW YORK, NY 100236548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
METROPOLITAN OPERA GUILD INC 70 LINCOLN CENTER PLAZA 6TH FLOOR NEW YORK, NY 100236593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	797
METROPOLITAN OPERA GUILD INC 70 LINCOLN CENTER PLAZA 6TH FLOOR NEW YORK, NY 100236593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN OPERA GUILD INC 70 LINCOLN CENTER PLAZA 6TH FLOOR NEW YORK, NY 100236593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
UNITED SOCIAL SERVICES OF THE SOCIE 2 W 64TH ST NEW YORK, NY 100237183	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FORDHAM LAW ALUMNI ASSOCIATION INC 150 W 62ND ST NEW YORK, NY 100237407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM LAW ALUMNI ASSOCIATION INC 150 W 62ND ST NEW YORK, NY 100237407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PS 166 RICHARD ROGERS SCHOOL OF THE 132 W 89TH ST NEW YORK, NY 100241999	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PARENTS OF PS 9 INCPO BOX 977 NEW YORK, NY 100240000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GO TO COLLEGE NYC INCPO BOX 843 NEW YORK, NY 100240540	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ARTISTIC NEW DIRECTIONS INC 250 W 90TH ST APT 15G NEW YORK, NY 100241143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
STEPHEN GAYNOR SCHOOL 148 W 90TH ST NEW YORK, NY 100241202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN GAYNOR SCHOOL 148 W 90TH ST NEW YORK, NY 100241202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
STEPHEN GAYNOR SCHOOL 148 W 90TH ST NEW YORK, NY 100241202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
NALANDA INSTITUTE FOR CONTEMPLATIVE 300 CENTRAL PARK WEST NEW YORK, NY 100241513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE ALUMNI NONPROFIT ALLIANCE INC 607 WEST END AVE APT 9A NEW Y ORK, NY 100241606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
AEOLIAN CHAMBER PLAYERS INC 173 RIVERSIDE DR NEW YORK, NY 100241615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AEOLIAN CHAMBER PLAYERS INC 173 RIVERSIDE DR NEW YORK, NY 100241615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AEOLIAN CHAMBER PLAYERS INC 173 RIVERSIDE DR NEW YORK, NY 100241615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF PS166 INC132 W 89TH ST NEW YORK, NY 100241902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,300
FRIENDS OF PS166 INC132 W 89TH ST NEW YORK, NY 100241902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PS166 INC132 W 89TH ST NEW YORK, NY 100241902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL CITY CHORUS INC 552 W END AVE NEW YORK, NY 100242707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE RABBI DR LEO JUNG MEMORIAL FUND 131 W 86TH ST NEW YORK, NY 100243412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MONTESSORI SCHOOL 325 W 85TH ST NEW YORK, NY 100243801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN MONTESSORI SCHOOL 325 W 85TH ST NEW YORK, NY 100243801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	402
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNPAC INC 50 RIVERSIDE DR APT 14F NEW YORK, NY 100246508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PS 87 PA INC160 W 78TH ST NEW YORK, NY 100246701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	740
BANK STREET COLLEGE OF EDUCATION 610 W 112TH STREET NEW YORK, NY 100251898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANK STREET COLLEGE OF EDUCATION 610 W 112TH STREET NEW YORK, NY 100251898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
NEW AMSTERDAM SINGERS INC PO BOX 373 NEW YORK, NY 100250007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVE / CATHEDRAL COMMUNITY CARES NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANAGERS OF THE DIOCESAN MISSIONARY 1047 AMSTERDAM AVENUE NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,958
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVE / CATHEDRAL COMMUNITY CARES NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVE / CATHEDRAL COMMUNITY CARES NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANAGERS OF THE DIOCESAN MISSIONARY 1047 AMSTERDAM AVENUE NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
CATHEDRAL SCHOOL OF ST JOHN THE DIV 1047 AMSTERDAM AVE NEW YORK, NY 100251747	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NOUR FOUNDATION322 W 108TH ST NEW YORK, NY 100252756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,520
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA OF MS 54 INC103 W 107TH ST NEW YORK, NY 100253115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
PTA OF MS 54 INC103 W 107TH ST NEW YORK, NY 100253115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EDSNAPS INC 808 COLUMBUS AVE PH-5G NEW YORK, NY 100255180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LELT FOUNDATION INC 243 RIVERSIDE DR APT MZ2 NEW YORK, NY 100256188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,150
STRENGTH TO STRENGTH INC 35 W 96TH ST APT 7C NEW YORK, NY 100256543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 W 93RD ST NEW YORK, NY 100257602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 W 93RD ST NEW YORK, NY 100257602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 W 93RD ST NEW YORK, NY 100257602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BROADWAY PRESBYTERIAN CHURCH OF THE 601 W 114TH ST NEW YORK, NY 100257906	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CHILDREN NEW YORK 204A WEST 115TH STREET NEW YORK, NY 100261649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CHILDREN NEW YORK 204A WEST 115TH STREET NEW YORK, NY 100261649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
STREETSQUASH INC 40 WEST 116TH STREET NEW YORK, NY 100262864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETSQUASH INC 40 WEST 116TH STREET NEW YORK, NY 100262864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
STREETSQUASH INC 40 WEST 116TH STREET NEW YORK, NY 100262864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HARLEM ACADEMY1330 FIFTH AVE NEW YORK, NY 100263900	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSOCIATION PS 180 370 W 120TH ST NEW YORK, NY 100275104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,926
RIVERSIDE HAWKS HOPE HEALTH AND HOO 490 RIVERSIDE DR NEW YORK, NY 100275706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
RIVERSIDE HAWKS HOPE HEALTH AND HOO 490 RIVERSIDE DR NEW YORK, NY 100275706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 100276909	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 100276909	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 100276909	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 615 W 131ST ST 8741 NEW YORK, NY 100277922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF COLUMBIA UNIVERSITY IN 615 W 131ST ST 8741 NEW YORK, NY 100277922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
TRUSTEES OF COLUMBIA UNIVERSITY IN 615 W 131ST ST 8741 NEW YORK, NY 100277922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT SCHOOL OF NEW YORK 1026 5TH AVENUE NEW YORK, NY 100280106	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	654
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSOCIATION OF LILLI 45 E 81ST ST NEW YORK, NY 100280263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,950
PARENT TEACHER ASSOCIATION OF LILLI 45 E 81ST ST NEW YORK, NY 100280263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ST IGNATIUS LOYOLA PAROCHIAL SCHOOL 48 E 84TH ST NEW YORK, NY 100280806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 100287902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 100287902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEW YORK COMMON PANTRY 8 EAST 109TH ST NEW YORK, NY 100293402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTT FOUNDATION1261 FIFTH AVENUE NEW YORK, NY 100293822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GOAL-GIVING OPEN ACCESS TO LEARNING 19 E 103RD ST NEW YORK, NY 100295206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSEUM OF THE CITY OF NEW YORK 1220 5TH AVE NEW YORK, NY 100295221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	214
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE CITY OF NEW YORK 1220 5TH AVE NEW YORK, NY 100295221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
MUSEUM OF THE CITY OF NEW YORK 1220 5TH AVE NEW YORK, NY 100295221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNION SETTLEMENT ASSOC 237 E 104TH ST NEW YORK, NY 100295404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 100296500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
ICAHN SCHOOL OF MEDICINE AT MOUNT S 1 GUSTAVE L LEVY PL 4500 NEW YORK, NY 100296504	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 100296574	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 100296574	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
EGG & SPOON THEATRE COLLECTIVE INC 2272 ADAM CLAYTON POWELL APT 3 NEW YORK, NY 100303007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY COLLEGE FUND160 CONVENT AVE NEW YORK, NY 100319101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
DANCE PROJECT OF WASHINGTON HEIGHTS 621 W 172ND ST APT 59 NEW YORK, NY 100321850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIP HOP PUBLIC HEALTH INC 515 EDGECOMBE AVE APT 14 NEW YORK, NY 100324415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CHORAL SOCIETY INC 140 CABRINI BLVD APT 38 NEW YORK, NY 100333432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CHORAL SOCIETY INC 140 CABRINI BLVD APT 38 NEW YORK, NY 100333432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL IN THE SQUARE PUBLIC CHARTER 120 WADSWORTH AVE NEW YORK, NY 100334812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
STRIVE INTERNATIONAL INC 205 EAST 122ND ST 3RD FLR NEW YORK, NY 100352050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CENT FOR URBAN COMMUNITY SVCS 198 E 121ST ST FL 6 NEW YORK, NY 100353523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENT FOR URBAN COMMUNITY SVCS 198 EAST 121ST STREET 6TH FLOOR NEW YORK, NY 100353523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BEACON SCHOOL PARENT ASSOCIATION 522 WEST 44TH STREET NEW YORK, NY 100360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ZACHARY AND ELIZABETH M FISHER CENT WEST 46TH ST AND 12TH AVE V053 NEW YORK, NY 100360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE NEW YORK, NY 100361007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
INTREPID FALLEN HEROES FUND 1 INTREPID SQ WEST 46TH STREET 12TH AVENUE NEW YORK, NY 100361007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NEW YORK CITY GEOGRAPHIC DISTRICT # 328 W 48TH ST PTA OFFICE NEW YORK, NY 100361302	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY STE 600 NEW YORK, NY 100361518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNTAIN HOUSE INC425 W 47TH ST NEW YORK, NY 100362304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HOPE FOR NEW YORK 1166 AVENUE OF THE AMERICAS STE 1610 NEW YORK, NY 100362708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
47TH STREET VOLUNTEERS OF HATZOLAH 580 5TH AVE RM 531 NEW YORK, NY 100363302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
47TH STREET VOLUNTEERS OF HATZOLAH 580 5TH AVE RM 531 NEW YORK, NY 100363302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
AVAIL NYC115 W 45TH ST FL 4 NEW YORK, NY 100364005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERWELL PRODUCTIONS INC 145 WEST 45TH ST 7TH FLOOR NEW YORK, NY 100364008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CO-OPERATION IRELAND INCORPORATED 1501 BROADWAY STE 2600 NEW YORK, NY 100365600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET 8TH FLOOR NEW YORK, NY 100366413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET 8TH FLOOR NEW YORK, NY 100366413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
NEW YORK YACHT CLUB FOUNDATION 37 W 44TH ST NEW YORK, NY 100366613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW YORK YACHT CLUB FOUNDATION 37 W 44TH ST NEW YORK, NY 100366613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDER 21460 W 41ST ST NEW YORK, NY 100366801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
UNDER 21460 W 41ST ST NEW YORK, NY 100366801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	915
UNDER 21460 W 41ST ST NEW YORK, NY 100366801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW GROUP INC410 W 42ND ST NEW YORK, NY 100366809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEW GROUP INC410 W 42ND ST NEW YORK, NY 100366809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLAYWRIGHTS HORIZONS INC 416 W 42ND ST NEW YORK, NY 100366809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 25 W 43RD ST STE 609 NEW YORK, NY 100367422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
SCHOMBURG COLLECTION OF BLACK HISTO 515 LENOX AVE NEW YORK, NY 100371801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GENERAL ISRAEL ORPHAN HOME FOR GIRL 132 NASSAU ST NEW YORK, NY 100382400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL ISRAEL ORPHAN HOME FOR GIRL 132 NASSAU ST NEW YORK, NY 100382400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN STREET 23RD FLOOR NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN STREET 23RD FLOOR NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN STREET 23RD FLOOR NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN STREET 23RD FLOOR NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	820
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM ST10TH FLOOR NEW YORK, NY 100383844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
BRAC USA INC 110 WILLIAM STREET 29TH FLOOR NEW YORK, NY 100383901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYSARC INC83 MAIDEN LANE NEW YORK, NY 100384812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,447
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,254
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,169
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,708
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FLR NEW YORK, NY 100384912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,958
WATERKEEPER ALLIANCE INC 180 MAIDEN LN STE 603 NEW YORK, NY 100384925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GLAUCOMA FOUNDATION INC 80 MAIDEN LN RM 700 NEW YORK, NY 100384965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSICIANS CLUB OF NEW YORK 360 CABRINI BLVD APT 1D NEW YORK, NY 100403636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,570
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,315
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55,423
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,500
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	27,010
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	430
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	961
PS 183 PARENTS-TEACHERS ASSOCIATION 419 E 66TH ST NEW YORK, NY 100656303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
BOYS TOWN OF ITALY 250 E 63RD ST STE 204 NEW YORK, NY 100657662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EYE CANCER FOUNDATION INC 115 E 61ST STREET 5A NEW YORK, NY 100658183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ANIMAL MEDICAL CENTER 510 EAST 62ND ST NEW YORK, NY 100658314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TEMPLE SHAARAY TEFILA AKA CONGREGAT 250 E 79TH ST NEW YORK, NY 100751274	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MCGILL UNIVERSITY INC PO BOX 28137 NEW YORK, NY 100878137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
REACHING U A FOUNDATION FOR URUGUAY PO BOX 729 NEW YORK, NY 101080729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
STRIKE ANYWHERE INCPO BOX 2396 NEW YORK, NY 101082396	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT IN TECH INCPO BOX 1572 NEW YORK, NY 101131572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
AMERICAN GUILD OF ORGANISTS AGO 475 RIVERSIDE DR STE 1260 NEW YORK, NY 101150055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL COUNCIL OF JEWISH WOMEN IN 475 RIVERSIDE DR STE 1901 NEW YORK, NY 101150082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DR STE 455 NEW YORK, NY 101150085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DALHOUSIE UNIVERSITY FOUNDATION INC PO BOX 850 NEW YORK, NY 101160850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
OVARIAN CANCER RESEARCH FUND INC 14 PENSYLVANIA PLZ STE 2110 NEW YORK, NY 101220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY RELATIONS COUNCIL 225 W 34TH ST STE 1607 NEW YORK, NY 101221693	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
DALTON SCHOOL108 E 89TH STREET NEW YORK, NY 101281502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
DALTON SCHOOL108 E 89TH STREET NEW YORK, NY 101281502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT DAVIDS SCHOOL12 E 89TH ST NEW YORK, NY 101280601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAINT DAVIDS SCHOOL12 E 89TH ST NEW YORK, NY 101280601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,786
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,825
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE PLAY GROUP INC 65 E 89TH ST NEW YORK, NY 101281226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	806
YOUNG MENS & YOUNG WOMENS HEBREW AS 1395 LEXINGTON AVE NEW YORK, NY 101281612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	146
DANIELLA MOFFSON FOUNDATION INC 250 EAST 87TH STREET NO 10-A NEW YORK, NY 101283159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST SIDE MIDDLE SCHOOL PARENT TEAC 331 E 91ST ST NEW YORK, NY 101285937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
PS 527 PARENT TEACHER ASSOCIATION 323 E 91ST ST NEW YORK, NY 101285937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,969
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,048
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,121
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,145
THE NEW YORK MILITARY AFFAIRS SYMPO PO BOX 592 NEW YORK, NY 101560592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVE NEW YORK, NY 101580180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,850
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 10TH FL NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS OF NEW YORK INC PO BOX 1259 NEW YORK, NY 101591259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAMARITANS OF NEW YORK INC PO BOX 1259 NEW YORK, NY 101591259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FLOATING HOSPITAL FOUNDATION INC GRAND CENTRAL STATION PO BOX 3391 NEW YORK, NY 101633391	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,880
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLOATING HOSPITAL FOUNDATION INC GRAND CENTRAL STATION PO BOX 3391 NEW YORK, NY 101633391	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,690
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 101634184	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 101634184	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,560
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,630
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,570
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,125
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 101634777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 EAST 42ND STREET SUITE 1820 NEW YORK, NY 101650006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42ND ST RM 1519 NEW YORK, NY 101681519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	234
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42ND ST RM 1519 NEW YORK, NY 101681519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
AMERICAN FRIENDS OF THE ISRAEL PHIL 122 E 42ND ST RM 4507 NEW YORK, NY 101684595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I CANTORI DI NEW YORK INC PO BOX 1376 NEW YORK, NY 101851376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
I CANTORI DI NEW YORK INC PO BOX 1376 NEW YORK, NY 101851376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
I CANTORI DI NEW YORK INC PO BOX 1376 NEW YORK, NY 101851376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEH ISRAEL FOUNDATION PO BOX 4911 NEW YORK, NY 101854911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SANCTUARY FOR FAMILIES INC PO BOX 1406 WALL STREET STATION NEW YORK, NY 102681406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
MEN ELEVATE NOW INCPO BOX 970 NEW YORK, NY 102720970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF JEWISH HERITAGE A LIVING 36 BATTERY PLACE 4TH FL NEW YORK, NY 102801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MUSEUM OF JEWISH HERITAGE A LIVING 36 BATTERY PLACE 4TH FL NEW YORK, NY 102801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATL SEPT 11 MEMORIAL AND MUSEUM AT 200 LIBERTY STREET 16TH FLOOR NEW YORK, NY 102812103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATL SEPT 11 MEMORIAL AND MUSEUM AT 200 LIBERTY ST FL 16 NEW YORK, NY 102812103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
STUYVESANT HIGH SCHOOL ALUMNI ASSOC 345 CHAMBERS STREET RM 301B NEW YORK, NY 102821000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
P S 89 PARENTS AND TEACHERS ASSOCIA 201 WARREN ST NEW YORK, NY 102821002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY ELEMENTARY 78 HOWARD AVENUE STATEN ISLAND, NY 103014405	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
NOTRE DAME ACADEMY ELEMENTARY 78 HOWARD AVENUE STATEN ISLAND, NY 103014405	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,914
SNUG HARBOR CULTURAL CENTER AND BOT 1000 RICHMOND TERR BLDG P STATEN ISLAND, NY 103011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SNUG HARBOR CULTURAL CENTER AND BOT 1000 RICHMOND TERR BLDG P STATEN ISLAND, NY 103011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CASA BELVEDERE THE ITALIAN CULTURAL 79 HOWARD AVENUE STATEN ISLAND, NY 103014404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NORTHFIELD COMMUNITY LDC OF STATEN 160 HEBERTON AVE STATEN ISLAND, NY 103021403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
MONSIGNOR FARRELL HIGH SCHOOL 2900 AMBOY RD STATEN ISLAND, NY 103062005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
UNITY GAMES INC 2052 RICHMOND ROAD STATEN ISLAND, NY 103062583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NYC YOGA PROJECT INC 158 BUFFALO ST STATEN ISLAND, NY 103063854	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYC YOGA PROJECT INC 158 BUFFALO ST STATEN ISLAND, NY 103063854	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
COPTIC ORTHODOX CHURCH OF VIRGIN MA 190 MAIN ST STATEN ISLAND, NY 103071229	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,177
CARL VINCENT BINI MEMORIAL FUND 18 HERVEY ST STATEN ISLAND, NY 103091217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 103101664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,453
STATEN ISLAND ECONOMIC DEVELOPMENT 900 SOUTH AVENUE SUITE 402 STATEN ISLAND, NY 103143429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HIGHBRIDGE VOICES CORPORATION 1465 NELSON AVE OFC 1 BRONZ, NY 104521758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
DREAMYARD PROJECT INC 1085 WASHINGTON AVE GROUND FLOOR BRONX, NY 104566670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FORDHAM UNIVERSITY 441 E FORDHAM RD PAYROLL DEPT FMH R BRONX, NY 104580000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY SQUASH INCPO BOX 619 BRONX, NY 104580701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,300
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
SOUTH BRONX EDUCATIONAL FOUNDATION 843 CROTONA PARK N BRONX, NY 104604701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
SOUTH BRONX EDUCATIONAL FOUNDATION 843 CROTONA PARK N BRONX, NY 104604701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY HOSPITAL INC 1740 EASTCHESTER RD BRONX, NY 104612322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
CALVARY HOSPITAL INC 1740 EASTCHESTER RD BRONX, NY 104612322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST RAYMONDS BOYS HIGH SCHOOL 2151 ST RAYMOND AVENUE BRONX, NY 104620000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRONX RIVER ALLIANCE INC 1 BRONX RIVER PARKWAY BRONX, NY 104622869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BRONX RIVER ALLIANCE INC 1 BRONX RIVER PARKWAY BRONX, NY 104622869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
KINNERET DAY SCHOOL INC 2600 NETHERLAND AVE BRONX, NY 104634801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME FOR THE AGED OF THE LITTLE SIS 2999 SCHURZ AVE BRONX, NY 104653826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 104672401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 104672401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA OF THE TELSHE ALUMNI 4904 INDEPENDENCE AVENUE RIVERDALE, NY 104712802	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,250
MANHATTAN COLLEGE 4513 MANHATTAN PARKWAY RIVERDALE, NY 104710000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
MANHATTAN COLLEGE 4513 MANHATTAN PARKWAY RIVERDALE, NY 104710000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF MOUNT SAINT VINCENT 6301 RIVERDALE AVENUE RIVERDALE, NY 104711046	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
COLLEGE OF MOUNT SAINT VINCENT 6301 RIVERDALE AVENUE RIVERDALE, NY 104711046	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SAR ACADEMY 655 WEST 254TH STREET BRONX, NY 104711247	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 104713430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 104713430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 104713430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	19,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 104713430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	58
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 104713430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
RIPPOWAM CISQUA SCHOOL INC PO BOX 488 BEDFORD, NY 105060000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIPPOWAM CISQUA SCHOOL INC PO BOX 488 BEDFORD, NY 105060000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
HOPE ON A STRINGPO BOX 714 BEDFORD HILLS, NY 105070714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD BOX 719 BREWSTER, NY 105090719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUTNAM FAMILY AND COMMUNITY SERVICE 1808 ROUTE 6 CARMEL, NY 105122356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKING HEADWAY FOUNDATION INC 115 KING ST CHAPPAQUA, NY 105143460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUDSON VALLEY SHAKESPEARE FESTIVAL 143 MAIN ST COLD SPRING, NY 105162814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOBBS FERRY SCHOOLS FOUNDATIONS INC 505 BROADWAY DOBBS FERRY, NY 105221143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WESTCHESTER LIBRARY SYSTEM 570 TAXTER ROAD STE 400 ELMSFORD, NY 105232337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WESTCHESTER GOLF ASSOCIATION CADDIE 49 KNOLLWOOD ROAD ELMSFORD, NY 105232813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT100 WESTCHESTERPO BOX 634 HARTSDALE, NY 105300634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
SOLOMON SCHECHTER SCHOOL OF WESTCHE 555 W HARTSDALE AVE HARTSDALE, NY 105301009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 41 SAW MILL RIVER RD HAWTHORNE, NY 105321519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD HUDSON PECONIC I 4 SKYLINE DRIVE HAWTHORNE, NY 105322147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
PLANNED PARENTHOOD HUDSON PECONIC I 4 SKYLINE DRIVE HAWTHORNE, NY 105322147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KATONAH MUSEUM OF ART INC 134 JAY ST KATONAH, NY 105360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET RESCUE INCORPORATED PO BOX 393 LARCHMONT, NY 105380393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILDREN OF BULGARIA 36 HARRISON DR LARCHMONT, NY 105382531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AT HOME ON THE SOUND INC PO BOX 523 MAMARONECK, NY 105430523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER DAY SCHOOL 856 ORIENTA AVE MAMARONECK, NY 105434708	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
COMMUNITY FOOD PANTRY AT ST MARYS M 1836 E MAIN ST MOHEGAN LAKE, NY 105471226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEIGHBORS LINK CORP 27 COLUMBUS AVE MT KISCO, NY 105492603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORS LINK CORP 27 COLUMBUS AVE MOUNT KISCO, NY 105492603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOUNT KISCO CHILD CARE CENTER INC 95 RADIO CIR MOUNT KISCO, NY 105492611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CITIUS BASEBALL INC 115 S MACQUESTEN PKWY MOUNT VERNON, NY 105501724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTFORT ACADEMY125 E BIRCH ST MT VERNON, NY 105520000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
MONTFORT ACADEMY125 E BIRCH ST MT VERNON, NY 105520000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
THE DEGREGORIO FAMILY FOUNDATION IN 103 MILLS RD NORTH SALEM, NY 105602301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSSINING FOOD PANTRYPO BOX 869 OSSINING, NY 105620869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OSSINING FOOD PANTRYPO BOX 869 OSSINING, NY 105620869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
KUNHARDT FILM FOUNDATION INC 48 WHEELER AVE 3RD FLR PLEASANTVILLE, NY 105703046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	178,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER HEALTH PROGRAM LTD 16 HAINES BLVD PORT CHESTER, NY 105732421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORT CHESTER PUBLIC LIBRARY 1 HASECO AVE PORT CHESTER, NY 105733905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE LEUKEMIA & LYMPHOMA SOCIETY RES 3 INTERNATIONAL DR RYE BROOK, NY 105737500	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LEUKEMIA & LYMPHOMA SOCIETY RES 3 INTERNATIONAL DR RYE BROOK, NY 105737500	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,100
THE LEUKEMIA & LYMPHOMA SOCIETY RES 3 INTERNATIONAL DR RYE BROOK, NY 105737500	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	330
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 105737501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 105737501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 105737501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PURCHASE COLLEGE FOUNDATION 735 ANDERSON HILL RD PURCHASE, NY 105771402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVEN LIMB FOUNDATION 2 PURCHASE LN RYE, NY 105801817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIVEN LIMB FOUNDATION 2 PURCHASE LN RYE, NY 105801817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YOUNG MENS CHRISTIAN ASSOCIATION OF 21 LOCUST AVE RYE, NY 105802959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	812
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 21 LOCUST AVE RYE, NY 105802959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 21 LOCUST AVE RYE, NY 105802959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
RYE MIDDLE SCHOOL PARENTS ORGANIZAT 3 PARSONS ST RYE, NY 105803821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDGEMONT SCHOLARSHIP COUNCIL INC 300 WHITE OAK LN SCARSDALE, NY 105831725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
SCARSDALE SCHOOLS EDUCATION FOUNDAT 40 PADDINGTON RD SCARSDALE, NY 105832320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SCARSDALE SCHOOLS EDUCATION FOUNDAT 40 PADDINGTON RD SCARSDALE, NY 105832320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRYTOWNS ROTARY FOUNDATION INC PO BOX 2 TARRYTOWN, NY 105910002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HACKLEY SCHOOL293 BENEDICT AVE TARRYTOWN, NY 105914327	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,950
PACE UNIVERSITY100 SUMMIT LAKE DR VALHALLA, NY 105951339	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLYTHEDALE CHILDRENS HOSPITAL 95 BRADHURST AVE VALHALLA, NY 105951637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BLYTHEDALE CHILDRENS HOSPITAL 95 BRADHURST AVE VALHALLA, NY 105951637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HTS, NY 105983411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HTS, NY 105983411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HTS, NY 105984558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 2 LYON PL WHITE PLAINS, NY 106015402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2 LYON PL WHITE PLAINS, NY 106015402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN CANCER SOCIETY INC 2 LYON PL WHITE PLAINS, NY 106015402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN CANCER SOCIETY INC 2 LYON PL WHITE PLAINS, NY 106015402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER JEWISH COMMUNITY SERVIC 845 NORTH BROADWAY WHITE PLAINS, NY 106032403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LIFTING UP WESTCHESTER INC 35 ORCHARD ST WHITE PLAINS, NY 106033351	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WINIFRED MASTERSON BURKE REHABI 785 MAMARONECK AVE WHITE PLAINS, NY 106052523	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE WINIFRED MASTERSON BURKE REHABI 785 MAMARONECK AVE WHITE PLAINS, NY 106052523	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
STEPINAC HIGH SCHOOL FOUNDATION INC 950 MAMARONECK AVE WHITE PLAINS, NY 106053526	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,577
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GROUNDWORK HUDSON VALLEY INC 22 MAIN STREET 2ND FLOOR YONKERS, NY 107017074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
GREYSTON FOUNDATION INC 21 PARK AVE YONKERS, NY 107033401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY-TO-FAMILY INC 416 WARBURTON AVENUE HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	397
DIOCESE OF NEW YORK AND NEW JERSEY 33 HEWITT AVE BRONXVILLE, NY 107082333	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
GRAMATAN VILLAGE INC 85 PONDFIELD RD BRONXVILLE, NY 107083818	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH LAWRENCE COLLEGE 1 MEADWAY BRONXVILLE, NY 107085931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
SARAH LAWRENCE COLLEGE 1 MEADWAY BRONXVILLE, NY 107085931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF NEW ROCHELLE 79 SEVENTH ST NEW ROCHELLE, NY 108014859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIAN MISSIONS INC 2 LEFEVRE LANE PO BOX 30 NEW ROCHELLE, NY 108020030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE PICTURE HOUSE REGIONAL FILM CEN 175 WOLFS LN PELHAM, NY 108031814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE TOWN OF PELHAM PUBLI 530 COLONIAL AVE PELHAM, NY 108032118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PELHAM EDUCATION FOUNDATION INC PO BOX 8302 PELHAM, NY 108038302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
IONA PREPARATORY SCHOOL 225 WILMOT RD NEW ROCHELLE, NY 108041225	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE URSULINE SCHOOL 1354 NORTH AVE NEW ROCHELLE, NY 108042145	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROADWAY BACH ENSEMBLE LTD 41 DISBROW CIR NEW ROCHELLE, NY 108042503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BROADWAY BACH ENSEMBLE LTD 41 DISBROW CIR NEW ROCHELLE, NY 108042503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THORNTON-DONOVAN SCHOOL 100 OVERLOOK CIR NEW ROCHELLE, NY 108044517	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC FOUNDATION OF ROCKLAND INC 25 HEMLOCK DR CONGERS, NY 109201401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROCKLAND COUNTY CONCERT BAND INC 67 S LILBURN DR GARNERVILLE, NY 109231027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROCKLAND COUNTY CONCERT BAND INC 67 S LILBURN DR GARNERVILLE, NY 109231027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN S BURKE CATHOLIC HIGH SCHOOL 80 FLETCHER ST GOSHEN, NY 109241490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ORANGE REGIONAL MEDICAL CENTER FOUN 707 E MAIN ST MIDDLETOWN, NY 109402650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ORANGE REGIONAL MEDICAL CENTER FOUN 707 E MAIN ST MIDDLETOWN, NY 109402650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCESS-SUPPORTS FOR LIVING FOUNDATI 15 FORTUNE RD W MIDDLETOWN, NY 109411625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KUPATH EZRAH OF ROCKLAND COUNTY INC PO BOX 3 MONSEY, NY 109520003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
TOMCHE SHABBOS OF ROCKLAND COUNTY PO BOX 847 MONSEY, NY 109520847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMCHE SHABBOS OF ROCKLAND COUNTY PO BOX 847 MONSEY, NY 109520847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ALBERTUS MAGNUS HIGH SCHOOL 798 ROUTE 304 BARDONIA, NY 109541622	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION OF ROCKLAND CO PO BOX 323 NEW CITY, NY 109560323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
DOMINICAN COLLEGE OF BLAUVELT N Y 470 WESTERN HWY ORANGEBURG, NY 109621210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST THOMAS AQUINAS COLLEGE 125 ROUTE 340 SPARKILL, NY 109761041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS AQUINAS COLLEGE 125 ROUTE 340 SPARKILL, NY 109761041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
ST THOMAS AQUINAS COLLEGE 125 ROUTE 340 SPARKILL, NY 109761041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNITED FUND OF MANHASSET INC PO BOX 322 MANHASSET, NY 110300322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONDERDONK LANDMARK SOCIETY LTD 1471 NORTHERN BLVD MANHASSET, NY 110303049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MANHASSET WOMENS COALITION AGAINST PO BOX 1007 MANHASSET, NY 110308007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110400000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOCCER ADVISORY COMMITTEE OF NORTH PO BOX 2131 NEW HYDE PARK, NY 110400700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HERRICKS MUSIC BOOSTERS ASSOCATION 100 SHELTER ROCK RD NEW HYDE PARK, NY 110401356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
261 FEARLESS INC18 LONGWOOD RD PRT WASHINGTN, NY 110501260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PORT WASHINGTON LIBRARY FOUNDATION 1 LIBRARY DR PRT WASHINGTN, NY 110502741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY CHEST OF PORT WASHINGTON 382 MAIN STREET PORT WASHINGTON, NY 110503181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDMARK ON MAIN STREET INC 232 MAIN STREET SUITE 1 PORT WASHINGTON, NY 110503262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NORTH SHORE ANIMAL LEAGUE AMERICA I 25 DAVIS AVE PORT WASHINGTGON, NY 110503720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
NORTH SHORE ANIMAL LEAGUE AMERICA I 25 DAVIS AVE PORT WASHINGTGON, NY 110503720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 25 DAVIS AVE PORT WASHINGTGON, NY 110503720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
NORTH SHORE ANIMAL LEAGUE AMERICA I 25 DAVIS AVE PORT WASHINGTGON, NY 110503720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
NEW YORK CITY OUTWARD BOUND CENTER 29-46 NORTHERN BLVD 4TH FLOOR LONG ISLAND CITY, NY 111012813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSN OF BARD HIGH SC 30-20 THOMSON AVENUE LONG ISLAND CITY, NY 111013051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
GREEK CULTURAL CENTER INC 26-80 30 STREET ASTORIA, NY 111022117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BOUNDLESS THEATRE COMPANY INC 4121 42ND ST APT 6D SUNNYSIDE, NY 111042728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNNYSIDE COMMUNITY SERVICES INC 43-31 39TH ST SUNNYSIDE, NY 111044351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
KEFALOS SOCIETY OF AMERICA INC 2043 STEINWAY ST ASTORIA, NY 111051635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIT FUND INCORPORATED 2348 CRESCENT STREET 2ND FLOOR ASTORIA, NY 111053108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANN'S SCHOOL 129 PIERREPONT STREET BROOKLYN, NY 112012705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BROOKLYN HEIGHTS ASSOCIATION INC 55 PIERREPONT ST BOX 17D BROOKLYN, NY 112012450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT ST BROOKLYN, NY 112012711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 112012804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 112012804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 112012804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 112012804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 112013706	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,220
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 112013706	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,867
BROOKLYN HEIGHTS JEWISH ACADEMY INC 117 REMSEN ST BROOKLYN, NY 112014212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACKER COLLEGIATE INSTITUTE 170 JORALEMON ST BROOKLYN, NY 112014312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PACKER COLLEGIATE INSTITUTE 170 JORALEMON ST BROOKLYN, NY 112014312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,095
CORNWALL COLLEGE OLD BOYS ASSOCIATI 50 COURT ST STE 512 BROOKLYN, NY 112014881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
HELEN KELLER SERVICES 180 LIVINGSTON STREET BROOKLYN, NY 112015257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDSPIRIT INC77 STATE ST BROOKLYN, NY 112015518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GLAM4GOOD FOUNDATION 169 WARREN ST BROOKLYN, NY 112016113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BROOKLYN YOUTH CHORUS ACADEMY INC 179 PACIFIC ST BROOKLYN, NY 112016213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN ST BROOKLYN, NY 112016302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
PUBLIC POLICY LAB20 JAY ST STE 910 BROOKLYN, NY 112018354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUST AS I AM YOUTH EMPOWERMENT INC PO BOX 20226 BROOKLYN, NY 112020226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,025
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,875
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,875
ACTIONPLAY INCORPORATED 227 CLERMONT AVE APT 3 BROOKLYN, NY 112054090	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ST NICKS ALLIANCE CORP 2 KINGSLAND AVE 1ST FL BROOKLYN, NY 112111695	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST NICKS ALLIANCE CORP 2 KINGSLAND AVE 1ST FL BROOKLYN, NY 112111695	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BROOKLYN ANIMAL RESOURCES COALITION 253 WYTHE AVE BROOKLYN, NY 112114148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOPE GALA INCORPORATED 487 KEAP ST APT 501 BROOKLYN, NY 112117687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED TALMUDICAL ACADEMY TORAH VYI 82 LEE AVE BROOKLYN, NY 112117900	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
P S 39 PARENT ASSOCIATION INC 417 SIXTH AVENUE BROOKLYN, NY 112153310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
RIVENDELL SCHOOL277 3RD AVE BROOKLYN, NY 112151003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN ANIMAL ACTION INC 935 PRESIDENT ST BROOKLYN, NY 112151603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
P S 321 PARENT-TEACHER ASSOCIATION 180 7TH AVE BROOKLYN, NY 112152609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
PS 321 WILLIAM PENN 180 SEVENTH AVE BROOKLYN, NY 112152609	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 321 WILLIAM PENN 180 SEVENTH AVE BROOKLYN, NY 112152609	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
826NYC INC372 5TH AVE BROOKLYN, NY 112153378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK-PRESBYTERIAN BROOKLYN METH 506 6TH ST - DPT OF DEVELOPMENT BROOKLYN, NY 112153609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SAVIOUR HIGH SCHOOL588 6TH ST BROOKLYN, NY 112153702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
JIVA PERFORMING ARTS450 9TH ST BROOKLYN, NY 112154103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PUBLIC SCHOOL 107 PARENT TEACHER AS 1301 8TH AVE BROOKLYN, NY 112155144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	705
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JBT FOUNDATION INC 3 SAINT CHARLES PL BROOKLYN, NY 112164108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,300
BEDFORD STUYVESANT RESTORATION CORP 1368 FULTON STREET BROOKLYN, NY 112165372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
BROOKLYN TECHNICAL HIGH SCHOOL PARE 29 FORT GREENE PLACE BROOKLYN, NY 112170000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN TECHNICAL HIGH SCHOOL PARE 29 FORT GREENE PLACE BROOKLYN, NY 112170000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROOKLYN TECH ALUMNI FOUNDATION INC 29 FORT GREENE PL BROOKLYN, NY 112171203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DISCALCED INC3 LAFAYETTE AVE BROOKLYN, NY 112171415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN ACADEMY OF MUSIC INC 30 LAFAYETTE AVENUE BROOKLYN, NY 112171430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BROOKLYN ACADEMY OF MUSIC INC 30 LAFAYETTE AVENUE BROOKLYN, NY 112171430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BCT BROOKLYN CHILDRENS THEATRE 135 PROSPECT PARK SW B7 BROOKLYN, NY 112181262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MUSIC FORWARD 1275 PROSPECT AVENUE 1 BROOKLYN, NY 112181355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIMONIDES MEDICAL CENTER- 4802 1OTH AVENUE BROOKLYN, NY 112192844	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
A TORAH INFERTILITY MEDIUM OF EXCHA 1310 48TH ST STE 406 BROOKLYN, NY 112193161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
A TORAH INFERTILITY MEDIUM OF EXCHA 1310 48TH ST STE 406 BROOKLYN, NY 112193161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESAMCHE LEV-VIYOEL MOISHE INC 1364 53RD STREET BROOKLYN, NY 112193878	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	495
AMERICAN FRIENDS OF MEIR PANIM 5316 NEW UTRECHT AVE BROOKLYN, NY 112194139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
CAMP DORA GOLDING 5515 NEW UTRECHT AVE BROOKLYN, NY 112194630	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP DORA GOLDING 5515 NEW UTRECHT AVE BROOKLYN, NY 112194630	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
NATIONAL FEDERATION OF THE BLIND OF 471 63RD ST BROOKLYN, NY 112204617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BROOKLYN EMERGING LEADERS ACADEMY C 125 STUYVESANT AVE BROOKLYN, NY 112211909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRRER YESHIVA HIGH SCHOOL 1795 OCEAN PARKWAY BROOKLYN, NY 112232010	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	101
RUSSIAN AMERICAN OFFICERS ASSOCIATI 2661 CONEY ISLAND AVENUE 28 BROOKLYN, NY 112235502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RUSSIAN AMERICAN OFFICERS ASSOCIATI 2661 CONEY ISLAND AVENUE 28 BROOKLYN, NY 112235502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROWN HEIGHTS CHEVRA SIMCHAS SHABBO 596 MONTGOMERY ST BROOKLYN, NY 112253130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLY PREP COUNTRY DAY SCHOOL 9216 SEVENTH AVENUE BROOKLYN, NY 112283698	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
POLY PREP COUNTRY DAY SCHOOL 9216 SEVENTH AVENUE BROOKLYN, NY 112283698	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
POLY PREP COUNTRY DAY SCHOOL 9216 SEVENTH AVENUE BROOKLYN, NY 112283698	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG APPLE INSTITUTE INC 2114 BROWN ST BROOKLYN, NY 112295113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
ALUMNI OF THE RABBINICAL COLLEGE KN 169 PARKVILLE AVE BROOKLYN, NY 112301111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOOK ARTS MEDIA INC 480 VAN BRUNT STE 203 BROOKLYN, NY 112311014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FIREFIGHTERS INC 199 VAN BRUNT BROOKLYN, NY 112311496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE BKLYN NEW SCHOOL-BK 610 HENRY ST BROOKLYN, NY 112312612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE BKLYN NEW SCHOOL-BK 610 HENRY ST BROOKLYN, NY 112312612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 58 PARENT TEACHER ASSOCIATION 330 SMITH ST BROOKLYN, NY 112314604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMA ANIMAL RESCUE INCORPORATED 3047 BRIGHTON 6TH ST APT 8B BROOKLYN, NY 112356492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAZEL EDUCATIONAL CENTER 2901 BRIGHTON 6TH ST BROOKLYN, NY 112356848	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 367 CLERMONT AVE BROOKLYN, NY 112381001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BROOKLYN FREE SCHOOL ASSOCIATION 372 CLINTON AVE BROOKLYN, NY 112381102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
BROOKLYN FREE SCHOOL ASSOCIATION 372 CLINTON AVE BROOKLYN, NY 112381102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CO-OP SCHOOL 87 IRVING PLACE 87 BROOKLYN, NY 112382513	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE CO-OP SCHOOL 87 IRVING PLACE 87 BROOKLYN, NY 112382513	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BROOKLYN INSTITUTE OF ARTS AND SCIE 200 EASTERN PKWY BROOKLYN, NY 112386052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN INSTITUTE OF ARTS AND SCIE 200 EASTERN PKWY BROOKLYN, NY 112386052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
BROOKLYN INSTITUTE OF ARTS AND SCIE 200 EASTERN PKWY BROOKLYN, NY 112386052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
BROOKLYN INSTITUTE OF ARTS AND SCIE 200 EASTERN PKWY BROOKLYN, NY 112386052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN SPACE ALLIANCE FOR NORTH BROOK 79 N 11TH ST BROOKLYN, NY 112491913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ORIGINAL MUSIC WORKSHOP INC 80 N 6TH ST BROOKLYN, NY 112493009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LOWELL SCHOOL2420 PARSONS BLVD WHITESTONE, NY 113573444	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,175
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORATORIO SOCIETY OF QUEENS INC 3319 210TH ST BAYSIDE, NY 113611434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BOULEVARD BAYSIDE, NY 113612201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SAMUEL FIELD YM & YWHA INC 5820 LITTLE NECK PKWY LITTLE NECK, NY 113622530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HEAL - HELP TO EAT ACCEPT & 3818 WEST DR DOUGLASTON, NY 113631256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROJECT HEAL - HELP TO EAT ACCEPT & 3818 WEST DR DOUGLASTON, NY 113631256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BNAI BRITH HILLEL FOUNDATION AT QUE 65-30 KISSENA BLVD SU 206 FLUSHING, NY 113671575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA OF CENTRAL QUEENS 14737 70TH RD FLUSHING, NY 113671719	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
AVIGDORS HELPING HAND INC 13845 78TH DR FLUSHING, NY 113673237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STEPPINGSTONE DAY SCHOOL INC 7740 VLEIGH PL KEW GARDEN HL, NY 113673360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,154
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS MUSEUM OF ART NEW YORK CITY NEW YORK CITY BUILDING FLUSHING MEADOWS CORONA PARK QUEENS, NY 113683398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHHAYA COMMUNITY DEVELOPMENT 37-43 77TH ST 2ND FLOOR JACKSON HEIGHTS, NY 113720000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CATHEDRAL PREP SEMINARY 56-25 92ND ST ELMHURST, NY 113734939	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL PREP SEMINARY 56-25 92ND ST ELMHURST, NY 113734939	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,170
CHABAD OF REGO PARK CORONA INC 9717 64TH RD REGO PARK, NY 113742232	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
QUEENS COMMUNITY HOUSE INC 108-25 62ND DRIVE QUEENS, NY 113751217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COUNCIL OF YOUNG ISRAEL 7100 YELLOWSTONE BLVD FOREST HILLS, NY 113753540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	529
SPORTS AND ARTS IN SCHOOLS FOUNDATI 58-12 QUEENS BLVD WOODSIDE, NY 113777764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SPORTS AND ARTS IN SCHOOLS FOUNDATI 58-12 QUEENS BLVD WOODSIDE, NY 113777764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIMBERS LEGACY INC7807 73RD PL GLENDALE, NY 113857425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOBBI AND THE STRAYS INC 80-36 COOPER AVENUE GLENDALE, NY 113857727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GUYANESE GIRLS ROCK FOUNDATION INC 10524 FARMERS BLVD SAINT ALBANS, NY 114121043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOWING HEARTS FOUNDATION INC 20515 113TH RD SAINT ALBANS, NY 114122524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GENERAL HUMAN OUTREACH IN THE COMMU 125-10 QUEENS BLVD KEW GARDENS, NY 114151519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
HAITIAN AMERICANS UNITED FOR PROGRE 19717 HILLSIDE AVE HOLLIS, NY 114232126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 114262606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 114262606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DIVYA JYOTI JAGRATI KENDRA INC 8305 HOMELAWN ST JAMAICA ESTATES, NY 114322125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICNA RELIEF USA PROGRAMS INC 166-26 89TH AVE JAMAINCA, NY 114324254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREATER JAMAICA DEVELOPMENT CORP 90-04 161ST STREET JAMAICA, NY 114326103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ICNA RELIEF USA PROGRAMS INC 8791 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICNA RELIEF USA PROGRAMS INC 8791 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
ICNA RELIEF USA PROGRAMS INC 8791 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
ICNA RELIEF USA PROGRAMS INC 8791 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICNA RELIEF USA PROGRAMS INC 8791 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY JAMAICA, NY 114390001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY JAMAICA, NY 114390001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY JAMAICA, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY JAMAICA, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
AMERICAN FRIENDS OF MEIR MEDICAL CE R KASTIN 114 OLD COUNTRY RD NO 212 MINEOLA, NY 115010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 115010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 115010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,600
AMERICAN AIR MAIL SOCIETY PO BOX 110 MINEOLA, NY 115010110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYU WINTHROP HOSPITAL 200 OLD COUNTRY ROAD SUITE 570 MINEOLA, NY 115013957	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,650
THE PARENT-CHILD HOME PROGRAM INC 163B MINEOLA BLVD MINEOLA, NY 115013970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY AND CHILDRENS ASSOCIATION 100 EAST OLD COUNTRY ROAD MINEOLA, NY 115014633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VISCARDI CENTER INC 201 I U WILLETS RD ALBERTSON, NY 115071516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE VISCARDI CENTER INC 201 I U WILLETS RD ALBERTSON, NY 115071516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROCK AND WRAP IT UP INC 405 OCEANPOINT AVE CEDARHURST, NY 115160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK AND WRAP IT UP INC 405 OCEANPOINT AVE CEDARHURST, NY 115160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
KULANU ACADEMYPO BOX 305 CEDARHURST, NY 115160305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KULANU ACADEMYPO BOX 305 CEDARHURST, NY 115160305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEBREW ACADEMY OF LONG BEACH 132 SPRUCE ST CEDARHURST, NY 115161915	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,300
COMMUNITIES ACTING TO HEIGHTEN AWAR 540 WILLOW AVE UNIT A CEDARHURST, NY 115162211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,228
COMMUNITIES ACTING TO HEIGHTEN AWAR 540 WILLOW AVE UNIT A CEDARHURST, NY 115162211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES ACTING TO HEIGHTEN AWAR 540 WILLOW AVE UNIT A CEDARHURST, NY 115162211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
DE LA SALLE SCHOOL87 PINE STREET FREEPORT, NY 115203615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	195
BOOK FAIRIES INC 70 NORTH MAIN STREET FREEPORT, NY 115202245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WALDORF SCHOOL OF GARDEN CITY 225 CAMBRIDGE AVENUE GARDEN CITY, NY 115304256	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
WALDORF SCHOOL OF GARDEN CITY 225 CAMBRIDGE AVE GARDEN CITY, NY 115304251	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,175
GARDEN CITY KIWANIS FOUNDATION INC 734 FRANKLIN AVE BOX K GARDEN CITY, NY 115304525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN CITY KIWANIS FOUNDATION INC 734 FRANKLIN AVE BOX K GARDEN CITY, NY 115304525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	420
GARDEN CITY KIWANIS FOUNDATION INC 734 FRANKLIN AVE BOX K GARDEN CITY, NY 115304525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GARDEN CITY KIWANIS FOUNDATION INC 734 FRANKLIN AVE BOX K GARDEN CITY, NY 115304525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN CITY FIRE DEPARTMENT INC PO BOX 251 GARDEN CITY, NY 115304529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CHILDRENS LEUKEMIA RESEARCH ASSOCIA 585 STEWART AVENUE GARDEN CITY, NY 115304783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LONG ISLAND CHILDRENS MUSEUM 11 DAVIS AVE GARDEN CITY, NY 115306745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEBB INSTITUTE 298 CRESCENT BEACH ROAD GLEN COVE, NY 115420000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
WEBB INSTITUTE 298 CRESCENT BEACH ROAD GLEN COVE, NY 115420000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WEBB INSTITUTE 298 CRESCENT BEACH RD GLEN COVE, NY 115421398	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN GROWTH FOUNDATION 997 GLEN COVE AVE GLEN HEAD, NY 115451584	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
LEADERSHIP TRAINING INCORPORATED 50 CLINTON ST STE 607 HEMPSTEAD, NY 115504282	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 115504364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KELLENBERG MEMORIAL HIGH SCHOOL 1400 GLENN CURTISS BLVD UNIONDALE, NY 115533703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
KELLENBERG MEMORIAL HIGH SCHOOL 1400 GLENN CURTISS BLVD UNIONDALE, NY 115533703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE TOWNS KIWANIS CLUB FOUNDATION PO BOX 429 HEWLETT, NY 115570429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,525
DAVIS MEMORIAL FUND INC 25 LAWRENCE AVE LAWRENCE, NY 115591446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
DAVIS MEMORIAL FUND INC 25 LAWRENCE AVE LAWRENCE, NY 115591446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIS MEMORIAL FUND INC 25 LAWRENCE AVE LAWRENCE, NY 115591446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HEBREW ACADEMY OF THE FIVE TOWNS AN 389 CENTRAL AVE LAWRENCE, NY 115591607	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	450
PROJECT EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 115591698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRENVILLE BAKER BOYS AND GIRLS CLUB 135 FOREST AVENUE LOCUST VALLEY, NY 115602123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
LEWY BODY DEMENTIA RESOURCE CENTER 750 W BROADWAY APT 2R LONG BEACH, NY 115612861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PETS FOR PATRIOTS INC 218 E PARK AVE STE 543 LONG BEACH, NY 115613521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BLVD DESEVERSKY RM 206 OLD WESTBURY, NY 115688000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
RUFF HOUSE RESCUE INCPO BOX 365 OCEANSIDE, NY 115720365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUFF HOUSE RESCUE INCPO BOX 365 OCEANSIDE, NY 115720365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREVER FAMILY FOUNDATION INC 222 ATLANTIC AVENUE OCEANSIDE, NY 115722045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUNRISE DAY CAMPS ASSOCIATION INC 15 NEIL CT OCEANSIDE, NY 115725815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUNRISE DAY CAMPS ASSOCIATION INC 15 NEIL CT OCEANSIDE, NY 115725815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 115761347	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
THE ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 115761347	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
NORTHWELL HEALTH INC 972 BRUSH HOLLOW ROAD 5TH FLOOR WESTBURY, NY 115901740	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TJ FOR KIDS MEMORIAL FUND 236 12TH ST WEST BABYLON, NY 117043105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
THE MORGAN CENTER26 SEAFIELD LN BAY SHORE, NY 117067815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE MORGAN CENTER26 SEAFIELD LN BAY SHORE, NY 117067815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND HARVEST LTD 15 GRUMMAN RD W STE 1450 BETHPAGE, NY 117145032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
ISLAND HARVEST LTD 15 GRUMMAN RD W STE 1450 BETHPAGE, NY 117145032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 117240100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMACK ALUMNI SCHOLARSHIP FOUNDATI 37 MEADOWRUE LANE E NORTHPORT, NY 117314520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
HOPE FOR JAVIERPO BOX 251 EAST SETAUKET, NY 117330251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THREE VILLAGE COMMUNITY TRUST INC PO BOX 2596 SETAUKET, NY 117330763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMACAMP INC 68 UPPER SHEEP PASTURE RD EAST SETAUKET, NY 117331750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SIGMACAMP INC 68 UPPER SHEEP PASTURE RD EAST SETAUKET, NY 117331750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SIGMACAMP INC 68 UPPER SHEEP PASTURE RD EAST SETAUKET, NY 117331750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE CHURCH OF BROOKHAVEN 1 DYKE RD SETAUKET, NY 117333014	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
GOOD SHEPHERD HOSPICE 110 BI COUNTY BLVD STE 114 FARMINGDALE, NY 117353923	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
WORLD T E A M SPORTS 4250 VETERANS MEMORIAL HWY STE 420E HOLBROOK, NY 117414000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HECKSCHER MUSEUM2 PRIME AVENUE HUNTINGTON, NY 117432741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
FAMILY SERVICE LEAGUE INC 790 PARK AVENUE HUNTINGTON, NY 117434516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FAMILY SERVICE LEAGUE INC 790 PARK AVENUE HUNTINGTON, NY 117434516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE LEAGUE INC 790 PARK AVENUE HUNTINGTON, NY 117434516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUNTINGTON HISTORICAL SOCIETY 209 MAIN ST HUNTINGTON, NY 117436907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
COLD SPRING HARBOR EDUCATIONAL FOUN 1 SOUNDCREST LN LLOYD HARBOR, NY 117439790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND SCHOOL FOR THE GIFTED 165 PIDGEON HILL ROAD HUNTINGTON STATION, NY 117464548	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
LONG ISLAND SCHOOL FOR THE GIFTED 165 PIDGEON HILL ROAD HUNTINGTON STATION, NY 117464548	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
LONG ISLAND SCHOOL FOR THE GIFTED 165 PIDGEON HILL RD HUNTINGTON STATION, NY 117464548	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON BOYS CLUB INC PO BOX 1332 MELVILLE, NY 117470436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GOOD SHEPHERD HOSPICE 245 OLD COUNTRY RD MELVILLE, NY 117472726	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NYBKW CHARITABLE FOUNDATION 445 BROADHOLLOW RD STE 319 MELVILLE, NY 117473601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER LINKPO BOX 163 ISLIP, NY 117510163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MERCY HAVEN INC 859 CONNETQUOT AVENUE SUITE 10 ISLIP TERRACE, NY 117521400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MERCY HAVEN INC 859 CONNETQUOT AVENUE SUITE 10 ISLIP TERRACE, NY 117521400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA BETA EXECUTIVE ALUMNI FOUNDAT PO BOX 595 JERICHO, NY 117530595	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELTA BETA EXECUTIVE ALUMNI FOUNDAT PO BOX 595 JERICHO, NY 117530595	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LONG ISLAND FARM SANCTUARY INC PO BOX 439 KINGS PARK, NY 117540439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTINA RENNA FOUNDATION INC 385 S 14TH ST LINDENHURST, NY 117574435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
MASSAPEQUA KIWANIS FOUNDATION INC PO BOX 195 MASSAPEQUA, NY 117580195	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 544 BROADWAY MASSAPEQUA, NY 117585010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 7 SCOUTING BLVD MEDFORD, NY 117632241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
HEALING HAVEN ANIMAL FUND INC PO BOX 713 MT SINAI, NY 117660713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FEAL GOOD FOUNDATION INC 144 SHENANDOAH BLVD N NESCONSET, NY 117671521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE FARM NORTHPORT INC BURT AVENUE NORTHPORT, NY 117680000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE FARM NORTHPORT INC BURT AVENUE NORTHPORT, NY 117680000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE BAY INC 2 TOWNSEND SQUARE OYSTER BAY, NY 117710564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR MARINE EDUCATION & RECRE 1 W END AVE OYSTER BAY, NY 117711202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF OYSTER BAY-EA 1 PINE HOLLOW RD OYSTER BAY, NY 117714701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BOYS & GIRLS CLUB OF OYSTER BAY-EA 1 PINE HOLLOW RD OYSTER BAY, NY 117714701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECONOMIC OPPORTUNITY COUNCIL OF SUF 31 WEST MAIN STREET SUITE 300 PATCHOGUE, NY 117723121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BROOKHAVE MEMORIAL HOSPITAL MEDICAL 101 HOSPITAL RD E PATCHOGUE, NY 117724870	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE SUNSHINE CENTER INC 468 BOYLE RD PORT JEFFERSON STATI, NY 117764202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,600
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SEAFORD HISTORICAL SOCIETY PO BOX 1254 SEAFORD, NY 117830166	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
KEVIN WILLIAMS MEMORIAL FUND PO BOX 1118 SHOREHAM, NY 117860970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS VETDOGS THE VETERANS K9 CO 371 E JERICHO TURNPIKE SMITHTOWN, NY 117872906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,026
AMERICAS VETDOGS THE VETERANS K9 CO 371 E JERICHO TURNPIKE SMITHTOWN, NY 117872906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	138
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND BULLDOG RESCUE 1254 N COUNTRY RD STONY BROOK, NY 117901923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE LONG ISLAND MUSEUM OF AMERICAN 1200 ROUTE 25A STONY BROOK, NY 117901992	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LAST HOPE INCPO BOX 7025 WANTAGH, NY 117930625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF AMERICA 3082 CLOVERMERE RD WANTAGH, NY 117932532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK UNIVERSITY STONY BROOK, NY 117941188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK UNIVERSITY STONY BROOK, NY 117941188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR DEVELOPMENTAL DISABI 72 SOUTH WOODS ROAD WOODBURY, NY 117971024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DR STE D WOODBURY, NY 117972055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOLY TRINITY DIOCESAN HIGH SCHOOL 98 CHERRY LN HICKSVILLE, NY 118016232	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 90 CHERRY LN HICKSVILLE, NY 118016232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL OVARIAN CANCER COALITION I PO BOX 7896 HICKSVILLE, NY 118027896	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FORGOTTEN FRIENDS OF LONG ISLAND PO BOX 710 PLAINVIEW, NY 118030710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-ISLAND Y JEWISH COMMUNITY CENTE 45 MANETTO HILL RD PLAINVIEW, NY 118031317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,375
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACDS INC4 FERN PL PLAINVIEW, NY 118034725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
ELEANOR WHITMORE EARLY CHILDHOOD CE PO BOX 63 EAST HAMPTON, NY 119370063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SHARE THE HARVEST FARM INC PO BOX 181 EAST HAMPTON, NY 119370181	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PECONIC BALLET FOUNDATION INC 118 PAQUATUCK AVE EAST MORICHES, NY 119401204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
COMMUNITY ACTION SOUTHOLD TOWN INC PO BOX 159 GREENPORT, NY 119440159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EASTERN LONG ISLAND HOSPITAL ASSOC 201 MANOR PL GREENPORT, NY 119441222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN LONG ISLAND HOSPITAL ASSOC 201 MANOR PL GREENPORT, NY 119441222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
WHERE HOPE LIVESPO BOX 1025 JAMESPORT, NY 119471025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 643 MIDDLE COUNTRY RD MIDDLE ISLAND, NY 119532509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OYSTERPONDS HISTORICAL SOCIETY INC PO BOX 70 ORIENT, NY 119570070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GIMME SHELTER ANIMAL RESCUE INC PO BOX 578 SAGAPONACK, NY 119620578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIMME SHELTER ANIMAL RESCUE INC PO BOX 578 SAGAPONACK, NY 119620578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY STREET THEATRE FESTIVAL INC PO BOX 810 SAG HARBOR, NY 119630022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TEMPLE ADAS ISRAEL OF SAG HARBOR NY PO BOX 1378 SAG HARBOR, NY 119630049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
TEMPLE ADAS ISRAEL OF SAG HARBOR NY PO BOX 1378 SAG HARBOR, NY 119630049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE ADAS ISRAEL OF SAG HARBOR NY PO BOX 1378 SAG HARBOR, NY 119630049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SHELTER ISLAND FRIENDS OF TREES INC PO BOX 1865 SHELTER IS, NY 119641865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SYLVESTER MANOR EDUCATIONAL FARM PO BOX 2029 SHELTER IS, NY 119642029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUP FOR THE EAST END INC PO BOX 1792 SOUTHOLD, NY 119710950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,125
ANIMAL RESCUE FUND OF THE HAMPTONS PO BOX 901 WAINSCOTT, NY 119750901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EAST END HOSPICE GROUP INC 481 RIVERHEAD RD W HAMPTON BCH, NY 119781216	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST END HOSPICE INCPO BOX 1048 W HAMPTON BCH, NY 119787048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR HOPE INC 20 PROSPECT STREET BALLSTON SPA, NY 120201367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BURNT HILLS ORATORIO SOCIETY IN PO BOX 76 BURNT HILLS, NY 120270076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BURNT HILLS ORATORIO SOCIETY IN PO BOX 76 BURNT HILLS, NY 120270076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELMAR FIRE DEPT145 ADAMS ST DELMAR, NY 120543200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TO LIFE INC410 KENWOOD AVE DELMAR, NY 120543227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALWAY AMBULANCE CORPS INC 2175 GALWAY RD GALWAY, NY 120742404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HIGH & MIGHTY THERAPEUTIC RIDING AN 71 COUNTY ROUTE 21C GHENT, NY 120751913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
FLYING DEER NATURE CENTER INC 5 ABODE RD NEW LEBANON, NY 121250000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLYING DEER NATURE CENTER INC 5 ABODE RD NEW LEBANON, NY 121250000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CIRCLES OF MERCY INC 11 WASHINGTON ST RENSSELAER, NY 121442821	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BOULEVARD RENSSELAER, NY 121449307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BOULEVARD RENSSELAER, NY 121449307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
ALBANY ANDHRA ASSOCIATION 7 WINDSOR CT SLINGERLANDS, NY 121593713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAPITAL DISTRICT RECOVERY CENTER IN 15 S HELDERBERG PKWY SLINGERLANDS, NY 121599703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYSARC INC79 102ND ST TROY, NY 121801125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TROY SAVINGS BANK MUSIC HALL CORPOR 30 2ND ST TROY, NY 121803292	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
TROY SAVINGS BANK MUSIC HALL CORPOR 30 2ND ST TROY, NY 121803292	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENSSELAER COUNTY HISTORICAL SOCIET 57 SECOND STREET TROY, NY 121803928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAGE COLLEGES ADVANCEMENT SERVICES 92 FIRST STREET TROY, NY 121804115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	564
FRIENDS OF WASHINGTON PARK INC 195 2ND ST TROY, NY 121804437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMA WILLARD SCHOOL 285 PAWLING AVE TROY, NY 121805238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
EMMA WILLARD SCHOOL 285 PAWLING AVE TROY, NY 121805238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
EMMA WILLARD SCHOOL 285 PAWLING AVE TROY, NY 121805238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN SINOPOLI DANCE COMPANY INC PO BOX 775 TROY, NY 121810775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LANSINGBURGH BOYS AND GIRLS CLUB IN 501 4TH AVE TROY, NY 121822703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ST MARY'S SCHOOL12 6TH STREET WATERFORD, NY 121882306	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAND LAKE AMBULANCE INC PO BOX 222 W SAND LAKE, NY 121960222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREENBUSH-SCHODACK DEVIL CATS TRAVE PO BOX 604 WYNANTSKILL, NY 121980604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DESTROYER ESCORT HISTORICAL MUSEUM PO BOX 1926 ALBANY, NY 122011926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY ALLIANCE OF THE CAPITAL REG 15 TRINITY PLACE ALBANY, NY 122021806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	17,000
EMPIRE SERVICE DOG PROGRAMINCORPORA PO BOX 3054 ALBANY, NY 122030054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF DIOCESE OF AL 40 N MAIN AVE ALBANY, NY 122031410	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF DIOCESE OF AL 40 N MAIN AVENUE ALBANY, NY 122031481	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 122031490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 122031490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FOUNDATION FOR THE GR 2 TOWER PLACE ALBANY, NY 122033725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
TERESIAN HOUSE FOUNDATION INC 200 WASHINGTON AVENUE EXT ALBANY, NY 122035335	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
TERESIAN HOUSE FOUNDATION INC 200 WASHINGTON AVENUE EXT ALBANY, NY 122035335	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERESIAN HOUSE FOUNDATION INC 200 WASHINGTON AVENUE EXT ALBANY, NY 122035335	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DR ALBANY, NY 122051004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DR ALBANY, NY 122051004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIE SENIOR SERVICE CENTERS INC 6 WINNERS CIRCLE ALBANY, NY 122051155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 33 EVERETT RD ALBANY, NY 122051437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 33 EVERETT RD ALBANY, NY 122051437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
WAMC318 CENTRAL AVENUE ALBANY, NY 122062522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	770
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAMC318 CENTRAL AVENUE ALBANY, NY 122062522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVE ALBANY, NY 122062901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARKS & TRAILS NEW YORK INC 29 ELK ST ALBANY, NY 122071002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYBDC LOCAL DEVELOPMENT CORPORATION 50 BEAVER STREET ALBANY, NY 122071538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
VANGUARD-ALBANY SYMPHONY INC 19 CLINTON AVENUE ALBANY, NY 122072211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
NEW YORK STATE RIGHT TO LIFE COMMIT 41 STATE STREET M100 ALBANY, NY 122072828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY CITY ROCKS INC 374 BROADWAY 1 ALBANY, NY 122072903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALBANY CITY ROCKS INC 374 BROADWAY 1 ALBANY, NY 122072903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ALBANY FOOD AND WINE FESTIVAL INC PO BOX 8775 ALBANY, NY 122080775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARIA COLLEGE 700 NEW SCOTLAND AVE ALBANY, NY 122081715	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AV A-124 ALBANY, NY 122083412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY MEDICAL CENTER HOSPITAL 43 NEW SCOTLAND AVE ALBANY, NY 122083412	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ALBANY MEDICAL CENTER HOSPITAL 43 NEW SCOTLAND AVE ALBANY, NY 122083412	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125,000
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
ALBANY LAW SCHOOL 80 NEW SCOTLAND AVE ALBANY, NY 122083434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 200 HENRY JOHNSON BLVD STE 1 ALBANY, NY 122101550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST 4TH FLR ALBANY, NY 122102101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST 4TH FLR ALBANY, NY 122102101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST 4TH FLR ALBANY, NY 122102101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST 4TH FLR ALBANY, NY 122102101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY LOAN FUND OF THE CAPITAL 255 ORANGE STREET ALBANY, NY 122102400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,800
WICKLUND WARRIORS INC 2 COLONIAL GRN LOUDONVILLE, NY 122111704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WICKLUND WARRIORS INC 2 COLONIAL GRN LOUDONVILLE, NY 122111704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING TOGETHER INCPO BOX 12383 ALBANY, NY 122122383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 13535 ALBANY, NY 122123535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,159
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 13535 ALBANY, NY 122123535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 13535 ALBANY, NY 122123535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PEPPERTREE RESCUE INCPO BOX 2396 ALBANY, NY 122200396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHEAST BALLET COMPANY PO BOX 828 SCHENECTADY, NY 123010828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL PROTECTIVE FOUNDATION OF SCH 53 MAPLE AVE SCOTIA, NY 123024613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WILDWOOD PROGRAMS INC 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 123032801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BUS STOP CLUB INC1014 COFFEE DR SCHENECTADY, NY 123035071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN RD SCHENECTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN RD SCHENECTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN RD SCHENECTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN RD SCHENECTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN RD SCHENECTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
AUTISM SOCIETY OF AMERICA 433 STATE ST SCHENECTADY, NY 123051707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS CENTER AND THEATER OF SCHENECT 432 STATE STREET SCHENECTADY, NY 123052391	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	23,000
CITY MISSION OF SCHENECTADY 425 HAMILTON ST SCHENECTADY, NY 123052608	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD MOHAWK HUDSON IN 1040 STATE ST SCHENECTADY, NY 123071508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF UNION COLLEGE 807 UNION STREET - RECORDS OFFICE SCHENECTADY, NY 123083103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF UNION COLLEGE 807 UNION STREET - RECORDS OFFICE SCHENECTADY, NY 123083103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	345
TRUSTEES OF UNION COLLEGE 807 UNION STREET - RECORDS OFFICE SCHENECTADY, NY 123083103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF UNION COLLEGE 807 UNION STREET - RECORDS OFFICE SCHENECTADY, NY 123083103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
SCHENECTADY MUSEUM ASSOCIATION 15 NOTT TERRACE HTS SCHENECTADY, NY 123083143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SCHENECTADY MUSEUM ASSOCIATION 15 NOTT TERRACE HTS SCHENECTADY, NY 123083143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 209 CLINTON AVE KINGSTON, NY 124015030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
COURT APPOINTED SPECIAL ADVOCATES O 209 CLINTON AVE KINGSTON, NY 124015030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATSKILL ANIMAL SANCTUARY INC 316 OLD STAGE RD SAUGERTIES, NY 124774453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
CATSKILL ANIMAL SANCTUARY INC 316 OLD STAGE RD SAUGERTIES, NY 124774453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMON GROUND FARM INC PO BOX 148 BEACON, NY 125080148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST BOSTON TERRIER RESCUE INC 68 SHADBLOW LN CLINTON CORS, NY 125142832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CAMPHILL VILLAGE COPAKE FOUNDATIONI 84 CAMP HILL RD COPAKE, NY 125161400	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BANNERMANS CASTLE TRUST INC PO BOX 843 GLENHAM, NY 125270843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLANA PARTNERSHIPPO BOX 199 HUDSON, NY 125340199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	319
COLUMBIA GREENE HUMANE SOCIETY INC 111 HUMANE SOCIETY ROAD HUDSON, NY 125343400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	610
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 125381430	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 125381430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,825
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 125381430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
DUTCHESS COUNTY SPCA INC 636 VIOLET AVE HYDE PARK, NY 125381864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK SCHOOL, NY 125454932	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK SCHOOL, NY 125454932	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CANCER RESOURCE CENTER OF THE HUDSO 100 WARD STREET MONTGOMERY, NY 125491138	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESOURCE CENTER OF THE HUDSO 100 WARD STREET MONTGOMERY, NY 125491138	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	50
MOUNT SAINT MARY COLLEGE 330 POWELL AVE NEWBURGH, NY 125503412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MOUNT SAINT MARY COLLEGE 330 POWELL AVE NEWBURGH, NY 125503412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF ORANGE & SULLIVAN COUNTI 800 STONY BROOK CT NEWBURGH, NY 125506526	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
AMERICAN CANCER SOCIETY INC 121 EXECUTIVE DR STE 200 NEW WINDSOR, NY 125535544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 121 EXECUTIVE DR STE 200 NEW WINDSOR, NY 125535544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALLKILL VALLEY LAND TRUST INC PO BOX 208 NEW PALTZ, NY 125610208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILD FIND OF AMERICA INC PO BOX 277 NEW PALTZ, NY 125610277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,080
MOHONK PRESERVE INCPO BOX 715 NEW PALTZ, NY 125610715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHONK PRESERVE INCPO BOX 715 NEW PALTZ, NY 125610715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRINITY-PAWLING SCHOOL 700 ROUTE 22 PAWLING, NY 125641254	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
TEAMSTERS LOCAL 445 SCHOLARSHIP FUN 15 STONE CASTLE RD ROCK TAVERN, NY 125755000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS & BIG SISTERS OF ORANG 871 BLOOMING GROVE TURNPIKE PO BOX 426 VAILS GATE, NY 125840426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHANTI MANDIR51 MUKTANADA MARG WALDEN, NY 125862352	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,799
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 125903167	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 125903167	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 125903167	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 125903167	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATLETIC LEAGUE OF POUGHKEEPS 62 CIVIC CENTER PLZ POUGHKEEPSIE, NY 126012411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PREMIER CARES FOUNDATION INC 1 COLUMBIA ST STE 390 POUGHKEEPSIE, NY 126013930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMER'S ASSOCIATION 2649 SOUTH ROAD SUITE 101 POUGHKEEPSIE, NY 126014060	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE MID-HUDSO 178 CHURCH ST POUGHKEEPSIE, NY 126014165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PLANNED PARENTHOOD OF THE MID-HUDSO 178 CHURCH ST POUGHKEEPSIE, NY 126014165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
PRASAD CHILDRENS DENTAL HEALTH PROG 465 BRICKMAN ROAD HURLEYVILLE, NY 127476002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL WOODS CENTER FOR THE ARTS IN PO BOX 222 LIBERTY, NY 127540222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,067
BETHEL WOODS CENTER FOR THE ARTS IN PO BOX 222 LIBERTY, NY 127540222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BIG BROTHERS BIG SISTERS OF THE SOU 14 W NOTRE DAME ST GLENS FALLS, NY 128013608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HYDE COLLECTION TRUST 161 WARREN ST GLENS FALLS, NY 128014520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LAKE GEORGE LAND CONSERVANCY INC PO BOX 1250 BOLTON LNDG, NY 128141250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE FUND FOR LAKE GEORGE INC PO BOX 352 LAKE GEORGE, NY 128450352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FUND FOR LAKE GEORGE INC PO BOX 352 LAKE GEORGE, NY 128450352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
LAKE GEORGE ASSOCIATION INC PO BOX 408 LAKE GEORGE, NY 128450408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LAKE GEORGE ASSOCIATION INC PO BOX 408 LAKE GEORGE, NY 128450408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE GEORGE ASSOCIATION INC PO BOX 408 LAKE GEORGE, NY 128450408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ADIRONDACK MOUNTAIN CLUB INC 814 GOGGINS RD LAKE GEORGE, NY 128454117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SARATOGA SPONSOR-A-SCHOLAR PO BOX 107 SARATOGA SPGS, NY 128660107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WESLEY FOUNDATION INC 131 LAWRENCE ST SARATOGA SPGS, NY 128661346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,125
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	501
BIKE PHIFTY33 EAST AVE SARATOGA SPGS, NY 128661721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAKES HELP FROM HEAVEN INC 161 CIRCULAR ST SARATOGA SPGS, NY 128662301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE ST SARATOGA SPGS, NY 128663202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE ST SARATOGA SPGS, NY 128663202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE ST SARATOGA SPGS, NY 128663202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE ST SARATOGA SPGS, NY 128663202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
SENIOR CITIZENS CENTER OF SARATOGA 5 WILLIAMS ST SARATOGA SPGS, NY 128664211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA AUTOMOBILE MUSEUM 110 AVENUE OF THE PINES SARATOGA SPGS, NY 128666220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PLATTSBURGH ALUMNI ASSOCIATION STAT 113 HAWKINS HALL PLATTSBURGH, NY 129010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST HAWKINS HALL 103 PLATTSBURGH, NY 129012637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSABLE CLUB PRESERVATION FOUNDATIO 137 AUSABLE RD ST HUBERTS, NY 129431718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ADIRONDACK FOUNDATIONPO BOX 288 LAKE PLACID, NY 129460288	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ELMORE SOCIETY FOR THE PREVENTION O PO BOX 686 PERU, NY 129720686	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP DUDLEY FOUNDATION INC 126 CAMP DUDLEY ROAD WESTPORT, NY 129930000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
CAMP DUDLEY FOUNDATION INC 126 CAMP DUDLEY ROAD WESTPORT, NY 129930000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
ADIRONDACK SCHOLARSHIP FOUNDATION I PO BOX 97 WILLSBORO, NY 129960097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BEAVER LAKE INC 8477 E MUD LAKE RD BALDWINSVILLE, NY 130279667	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 130351015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CORTLAND COLLEGE FOUNDATION INC POBOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORTLAND COLLEGE FOUNDATION INC POBOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CORTLAND COLLEGE FOUNDATION INC POBOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MULTIPLE SCLEROSIS RESOURCES OF CEN PO BOX 237 EAST SYRACUSE, NY 130570237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 6725 LYONS ST E SYRACUSE, NY 130579332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 6725 LYONS ST E SYRACUSE, NY 130579332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
ON MY TEAM16 INC 7376 HIGHBRIDGE TER FAYETTEVILLE, NY 130662468	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK STATE CHILDRENS ALLIANCE I 131 W SENECE ST SUITE B 227 MANLIUS, NY 131042444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAYWARD PAWS INC 9048 DELPHI FALLS RD NEW WOODSTOCK, NY 131229610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OSWEGO COLLEGE FOUNDATION INC 215 SHELDON HALL STATE UNIVERSITY OF NEW YORK OSWEGO, NY 131260000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSWEGO COLLEGE FOUNDATION INC 215 SHELDON HALL STATE UNIVERSITY OF NEW YORK OSWEGO, NY 131260000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SAFE HAVEN MUSEUM AND EDUCATION CEN PO BOX 846 OSWEGO, NY 131260846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRESERVATION REVITALIZATION OF PULA PO BOX 621 PULASKI, NY 131420621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESERVATION REVITALIZATION OF PULA PO BOX 621 PULASKI, NY 131420621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PULASKI HISTORICAL SOCIETY 3428 MAPLE AVE PULASKI, NY 131424502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
PULASKI HISTORICAL SOCIETY 3428 MAPLE AVE PULASKI, NY 131424502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKANEATELES LAKE ASSOCIATION INC PO BOX 862 SKANEATELES, NY 131520862	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 S FRANKLIN ST SYRACUSE, NY 132021245	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 S FRANKLIN ST SYRACUSE, NY 132021245	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD STREET SYRACUSE, NY 132022391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD STREET SYRACUSE, NY 132022391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
EVERSON MUSEUM OF ART OF SYRACUSE A 401 HARRISON ST SYRACUSE, NY 132023019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ROMAN CAT 1654 W ONONDAGA ST SYRACUSE, NY 132043310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ESF COLLEGE FOUNDATION INC 1 FORESTRY DRIVE 214 BRAY HALL SYRACUSE, NY 132100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
S U THEATRE CORPORATION 820 E GENESEE ST SYRACUSE, NY 132101508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S U THEATRE CORPORATION 820 E GENESEE ST SYRACUSE, NY 132101508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CROUSE HOSPITAL AUXILIARY INC 736 IRVING AVENUE SYRACUSE, NY 132101687	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
THE UPSTATE FOUNDATION INC 750 EAST ADAMS STREET CAB 326 SYRACUSE, NY 132102306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UPSTATE FOUNDATION INC 750 EAST ADAMS STREET CAB 326 SYRACUSE, NY 132102306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE UPSTATE FOUNDATION INC 750 EAST ADAMS STREET CAB 326 SYRACUSE, NY 132102306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
SYRACUSE HEALTH SCIENCE CENTER MEDI 750 E ADAMS ST - SETNOR 1510 SYRACUSE, NY 132102311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 132142500	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD- 114 MITCHELL HALL SYRACUSE, NY 132141302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD- 114 MITCHELL HALL SYRACUSE, NY 132141302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD- 114 MITCHELL HALL SYRACUSE, NY 132141302	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ONONDAGA COMMUNITY COLLEGE FOUNDATI 4585 WEST SENECA TURNPIKE SYRACUSE, NY 132154585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF CENTRAL NEW YORK INC 518 JAMES STREET SYRACUSE, NY 132202129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRACUSE UNIVERSITY640 SKYTOP RD SYRACUSE, NY 132444415	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,416
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,000
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM GUIDE DOGS FOR THE BLIND IN 1210 HARDSCRABBLE RD CASSVILLE, NY 133181304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN S FUND OF HERKIMER & ONEIDA 2 WILLIAMS STREET CLINTON, NY 133231749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL BASEBALL HALL OF FAME AND 25 MAIN ST COOPERSTOWN, NY 133261330	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BRACKETT FOUNDATIONPO BOX 8 HAMILTON, NY 133460008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,000
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,260
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,970
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEWIS COUNTY HUMANE SOCIETY PO BOX 682 LOWVILLE, NY 133670682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE NEW HARTFORD, NY 134130709	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
NEW HARTFORD PUBLIC LIBRARY 2 LIBRARY LN NEW HARTFORD, NY 134132815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ARTS GUILD OF OLD FORGE INC PO BOX 114 OLD FORGE, NY 134200114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS CLUB FOUNDATION OF CENTRAL PO BOX 1044 OLD FORGE, NY 134201044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RICHFIELD SPRINGS YOUTH MINISTRY CO PO BOX 108 RICHFLD SPGS, NY 134390108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOC & WOMANS 301 W BLOOMFIELD ST ROME, NY 134404117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECONOMIC DEVELOPMENT GROWTH ENTERPR 584 PHOENIX DRIVE ROME, NY 134414105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
ROME ACADEMY OF SCIENCES PO BOX 211 ROME, NY 134420211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF ROME INC PO BOX 4572 ROME, NY 134424572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ROME INC PO BOX 4572 ROME, NY 134424572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	815
HUMANE SOCIETY OF ROME INC PO BOX 4572 ROME, NY 134424572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
HUMANE SOCIETY OF ROME INC PO BOX 4572 ROME, NY 134424572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ROME INC PO BOX 4572 ROME, NY 134424572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
EMMAS HOPE112 PEXTON ST SHERRILL, NY 134611037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
EMMAS HOPE112 PEXTON ST SHERRILL, NY 134611037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1401 GENESEE ST UTICA, NY 135014343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UTICA NEIGHBORHOOD HOUSING SERVICE 1611 GENESEE ST UTICA, NY 135014731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16,000
CENTER FOR FAMILY LIFE AND RECOVERY 502 COURT ST STE 401 UTICA, NY 135024233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UTICA COLLEGE1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BOILERMAKER ROAD RACE INC PO BOX 512 UTICA, NY 135030512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER HOSPITAL INC4 FULLER ST ALEX BAY, NY 136071316	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THOUSAND ISLANDS LAND TRUST INC PO BOX 238 CLAYTON, NY 136240238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE OF ST LAWRENCE VALLEY INC 6805 US HIGHWAY 11 POTSDAM, NY 136763131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
COLLEGE FOUNDATION AT DELHI INC 454 DELHI DRIVE DELHI, NY 137531144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,576
HANCOCK COMMUNITY EDUCATION FOUNDAT PO BOX 819 HANCOCK, NY 137831153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTWICK COLLEGEPO BOX 4020 ONEONTA, NY 138204023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UPSTATE HOME FOR CHILDREN 105 CAMPUS DR ONEONTA, NY 138206175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL HUMANE EDUCATION SOCIETY 12752 STATE HIGHWAY 206 WALTON, NY 138562327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOYS FOR TOTS INC38 HAWLEY ST BINGHAMTON, NY 139013709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
TOYS FOR TOTS INC38 HAWLEY ST BINGHAMTON, NY 139013709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO PUG & SMALL BREED RESCUE IN PO BOX 204 ALDEN, NY 140040204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED MEMORIAL MEDICAL CENTER FOUN 127 NORTH ST BATAVIA, NY 140201631	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
UNITED MEMORIAL MEDICAL CENTER FOUN 127 NORTH ST BATAVIA, NY 140201631	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MEMORIAL MEDICAL CENTER FOUN 127 NORTH ST BATAVIA, NY 140201631	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,100
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 140202205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 140202205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 140202205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MICHAEL NAPOLEONE MEMORIAL FOUNDATI PO BOX 267 BATAVIA, NY 140202316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GENESEE COUNCIL ON ALCOHOLISM INC 430 E MAIN ST BATAVIA, NY 140202519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESEE COUNCIL ON ALCOHOLISM AND S 430 E MAIN ST BATAVIA, NY 140202519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENESEE COUNTY MENTAL HEALTH ASSOCI 25 LIBERTY STREET BATAVIA, NY 140203246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BROTHERS OF MERCY FOUNDATION 4520 RANSOM RD CLARENCE, NY 140312108	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF ELMA MARILLA & 2080 GIRDLE RD ELMA, NY 140599224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF ELMA MARILLA & 2080 GIRDLE RD ELMA, NY 140599224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUMMIT CENTER INC150 STAHL RD GETZVILLE, NY 140681231	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	229
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF GREATER 2640 N FOREST RD GETZVILLE, NY 140681514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR JEWISH PHILANTHROPIE 2640 N FOREST RD STE 200 GETZVILLE, NY 140681573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE SIDWAY SCHOOL 2451 BASELINE ROAD GRAND ISLAND, NY 140721460	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF GRAND ISLAND & WE PO BOX 833 GRAND ISLAND, NY 140720833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HILBERT COLLEGE5200 S PARK AVE HAMBURG, NY 140751519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,939
HILBERT COLLEGE5200 S PARK AVE HAMBURG, NY 140751519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILBERT COLLEGE5200 S PARK AVE HAMBURG, NY 140751519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,398
TOUCHING BASES SOFTBALL LEAGUE OF E 49 HILLSIDE PKWY LANCASTER, NY 140861064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
LANCASTER VOLUNTEER AMBULANCE CORPS 40 EMBRY PL LANCASTER, NY 140861703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT ST MARYS HOSPITAL FOUNDATION 5300 MILITARY RD LEWISTON, NY 140921903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NIAGARA HOSPICE INC 4675 SUNSET DR LOCKPORT, NY 140941231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
WINDOM ELEMENTARY SCHOOL 3870 SHELDON RD ORCHARD PARK, NY 141272197	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERS HOPE FOUNDATION INC PO BOX 643 ORCHARD PARK, NY 141270643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
UNITED CHURCH HOME SOCIETY INC-UCHS ONE FOX RUN LANE ORCHARD PARK, NY 141273165	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	45
HITS FOUNDATION129 ZOAR ROAD SPRINGVILLE, NY 141419248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BISON CHILDRENS SCHOLARSHIP FUN KOESSLER BLG RM 316 320 PORTER BUFFALO, NY 142010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DYOUVILLE COLLEGE 631 NIAGARA STREET BUFFALO, NY 142011032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 142021197	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 142021197	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HALLWALLS INC341 DELAWARE AVE BUFFALO, NY 142021871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HALLWALLS INC341 DELAWARE AVE BUFFALO, NY 142021871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BESTSELF BEHAVIORAL HEALTH INC 255 DELAWARE AVE STE 300 BUFFALO, NY 142022017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HAUPTMAN-WOODWARD MEDICAL RESEARCH 700 ELLICOTT STREET BUFFALO, NY 142031102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 275 OAK STREET SUITE 222 BUFFALO, NY 142031638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,543
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 275 OAK STREET SUITE 222 BUFFALO, NY 142031638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUST BUFFALO LITERARY CENTER INC 468 WASHINGTON ST 2 BUFFALO, NY 142031708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
LITERACY NEW YORK BUFFALO-NIAGARA I 1 LAFAYETTE SQUARE 2ND FLOOR BUFFALO, NY 142031823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAKESPEARE IN DELAWARE PARK INC PO BOX 716 BUFFALO, NY 142050716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SHAKESPEARE IN DELAWARE PARK INC PO BOX 716 BUFFALO, NY 142050716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
THE BISON CHILDRENS SCHOLARSHIP FUN PO BOX 1134 BUFFALO, NY 142051134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS FOUNDATION OF WESTE 100 JAMES E CASEY DR BUFFALO, NY 142062368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BE A FRIEND PROGRAM INC 100 RIVER ROCK DRIVE SUITE 104 BUFFALO, NY 142072170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BE A FRIEND PROGRAM INC 100 RIVER ROCK DRIVE SUITE 104 BUFFALO, NY 142072170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE A FRIEND PROGRAM INC 100 RIVER ROCK DRIVE SUITE 104 BUFFALO, NY 142072170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOCIETY OF ST VINCENT DE PAUL 1298 MAIN ST BUFFALO, NY 142091946	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BELMONT HOUSING RESOURCES FOR WNY I 1195 MAIN STREET BUFFALO, NY 142092196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 742 DELAWARE AVENUE BUFFALO, NY 142092202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 742 DELAWARE AVENUE BUFFALO, NY 142092202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	29
SUSAN G KOMEN BREAST CANCER FOUNDAT 742 DELAWARE AVENUE BUFFALO, NY 142092202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON ARCHITECTURE CENTER INC 726 EXCHANGE ST STE 1006 BUFFALO, NY 142101466	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAY YES BUFFALO SCHOLARSHIP INC 726 EXCHANGE ST STE 525 BUFFALO, NY 142101469	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF BUFFALO INC 300 PARKSIDE AVE BUFFALO, NY 142141963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MADONNA OF THE STREETS INC PO BOX 448 BUFFALO, NY 142150448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AWESOME PAWS RESCUE 5148 BERG RD WEST SENECA, NY 142183770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROCAIRE COLLEGE360 CHOATE AVE BUFFALO, NY 142202003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TROCAIRE COLLEGE360 CHOATE AVE BUFFALO, NY 142202003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
LET THEM LOL5205 HARRIS HILL RD WILLIAMSVILLE, NY 142214217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2805 WEHRLE DRIVE SUITE 6 WILLIAMSVILLE, NY 142217383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
ALZHEIMERS DISEASE AND RELATED DISO 2805 WEHRLE DRIVE SUITE 6 WILLIAMSVILLE, NY 142217383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BUFFALO STATE COLLEGE FOUNDATION IN 1300 ELMWOOD AVENUE CLEV 305 BUFFALO, NY 142221004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER ELEMENTARY SCHOOL 650 HARLEM RD WEST SENECA, NY 142241197	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WEST SENECA YOUTH HOCKEY ASSOCIATIO 1250 UNION ROAD WEST SENECA, NY 142242950	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 2860 GENESEE STREET BUFFALO, NY 142252691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING ELEMENTARY SCHOOL 2 LAMARCK DRIVE AMHERST, NY 142264513	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,680
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 142260900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 142260900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 142260900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 142260900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
MUSICALFARE THEATRE COMPANY INC 4380 MAIN ST STE 123 AMHERST, NY 142263544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSICALFARE THEATRE COMPANY INC 4380 MAIN ST STE 123 AMHERST, NY 142263544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PARK SCHOOL OF BUFFALO 4625 HARLEM RD SNYDER, NY 142263814	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
PARK SCHOOL OF BUFFALO 4625 HARLEM RD SNYDER, NY 142263814	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK SCHOOL OF BUFFALO 4625 HARLEM RD SNYDER, NY 142263814	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
SPECIALIZED EARLY CHILDHOOD CENTER 25 CHATEAU TER AMHERST, NY 142263927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE FOUNDATION OF WESTERN NEW Y 225 COMO PARK BLVD BUFFALO, NY 142271416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HOSPICE AND PALLIATIVE C 225 COMO PARK BLVD CHEEKTOWAGA, NY 142271416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NIAGARA FRONTIER VETERINARY SOCIETY PO BOX 2846 BUFFALO, NY 142402846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,900
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,340
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,382
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY MISSIONS OF NIAGARA FRONT 1570 BUFFALO AVE NIAGARA FALLS, NY 143031516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HEART LOVE & SOUL INC 939 ONTARIO AVENUE NIAGARA FALLS, NY 143052643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CORNERSTONE CHRISTIAN ACADEMY 60 HOLLEY ST BROCKPORT, NY 144201810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,640
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
CANANDAIGUA LAKE WATERSHED ASSOCIAT PO BOX 323 CANANDAIGUA, NY 144240323	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANANDAIGUA LAKE WATERSHED ASSOCIAT PO BOX 323 CANANDAIGUA, NY 144240323	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOOD LIBRARY ASSOCIATION 134 N MAIN ST CANANDAIGUA, NY 144241234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREATER CANANDAIGUA FAMILY YMCA 32 N MAIN ST CANANDAIGUA, NY 144241402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CANANDAIGUA FAMILY YMCA 32 N MAIN ST CANANDAIGUA, NY 144241402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
F F THOMPSON HEALTH SYSTEM INC 350 PARRISH ST CANANDAIGUA, NY 144241731	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
VICTOR ASSOCIATION OF CULTURAL AND 630 CROWLEY RD FARMINGTON, NY 144259525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOLVE OF GREATER ROCHESTER INC PO BOX 21 FAIRPORT, NY 144500021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAIRPORT BAPTIST HOMES CARING MINIS 4646 NINE MILE POINT ROAD FAIRPORT, NY 144501163	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
FAIRPORT BAPTIST HOMES CARING MINIS 4646 NINE MILE POINT ROAD FAIRPORT, NY 144501163	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARING LOSS ASSOCIATION OF AMERICA 21 LOOKOUT VIEW RD FAIRPORT, NY 144503019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,880
HEARING LOSS ASSOCIATION OF AMERICA 21 LOOKOUT VIEW RD FAIRPORT, NY 144503019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF ROCHESTER AND MON 99 VICTOR RD FAIRPORT, NY 144509582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ROCHESTER AND MON 99 VICTOR RD FAIRPORT, NY 144509582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF ROCHESTER AND MON 99 VICTOR RD FAIRPORT, NY 144509582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOINING HEARTS AND HANDS 6944 BENEDICT BCH HAMLIN, NY 144649737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINGER LAKES CULTURAL & NATURAL HIS PO BOX 96 KEUKA PARK, NY 144780096	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EDITH B FORD MEMORIAL LIBRARY PO BOX 410 OVID, NY 145210410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIDS MIRACLE MAKING CLUB INC PO BOX 388 PENFIELD, NY 145260388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOON LAKE WATERSHED IMPROVEMENT ALL PO BOX 372 WAYLAND, NY 145720372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
VINCENT HOUSE INCPO BOX 566 WAYLAND, NY 145720566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CATHOLIC FAMILY CENTER OF THE DIOCE 87 N CLINTON AVE ROCHESTER, NY 146041407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ROCHESTER PHILHARMONIC ORCHESTRA IN 108 EAST AVE ROCHESTER, NY 146042570	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER PHILHARMONIC ORCHESTRA IN 108 EAST AVE ROCHESTER, NY 146042570	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
URBAN LEAGUE OF ROCHESTER N Y INC 265 NORTH CLINTON AVENUE ROCHESTER, NY 146051857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
URBAN LEAGUE OF ROCHESTER N Y INC 265 NORTH CLINTON AVENUE ROCHESTER, NY 146051857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF CENTRAL AND W 114 UNIVERSITY AVE ROCHESTER, NY 146052929	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNITED WAY SERVICES CORPORATION 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEVA THEATRE CENTER INC 75 WOODBURY BLVD ROCHESTER, NY 146071717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF GENESEE VALLEY 277 ALEXANDER STREET STE 305 ROCHESTER, NY 146071941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAST HOUSE CORPORATION 259 MONROE AVE STE 200 ROCHESTER, NY 146073632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 755 CULVER ROAD ROCHESTER, NY 146097464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GARDENAERIAL INC 74 BROWNS RACE ROCHESTER, NY 146141006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE GARDENAERIAL INC 74 BROWNS RACE ROCHESTER, NY 146141006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROCHESTER REGIONAL HEALTH 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 146175504	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HARLEY SCHOOL1981 CLOVER ST ROCHESTER, NY 146183211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE HARLEY SCHOOL1981 CLOVER ST ROCHESTER, NY 146183211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE ROCHESTER FRIENDLY HOME 3156 EAST AVE ROCHESTER, NY 146183428	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN FISHER COLLEGE 3690 EAST AVE ROCHESTER, NY 146183537	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
VETERANS OUTREACH CENTER INC 459 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VETERANS OUTREACH CENTER INC 459 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OUTREACH CENTER INC 459 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL SENIORLIFE COMMUNITIES 505 MT HOPE AVE ROCHESTER, NY 146202251	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY CARIOLA CHILDRENS CENTER INC 1000 ELMWOOD AVE ROCHESTER, NY 146203042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 435 E HENRIETTA RD ROCHESTER, NY 146204629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
ALZHEIMERS DISEASE AND RELATED DISO 435 E HENRIETTA RD ROCHESTER, NY 146204629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNTAPPED SHORES INTERNATIONAL INC 204 SENECA RD ROCHESTER, NY 146222043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROCHESTER SCHOOL OF THE HOLY CHILDH 100 GROTON PKWY ROCHESTER, NY 146234540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,000
ROCHESTER INSTITUTE OF TECHNOLOGY 116 LOMB MEMORIAL DR ROCHESTER, NY 146235608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER INSTITUTE OF TECHNOLOGY 116 LOMB MEMORIAL DR ROCHESTER, NY 146235608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
DEPAUL GROUP INC1931 BUFFALO RD ROCHESTER, NY 146241535	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,125
DEPAUL GROUP INC1931 BUFFALO RD ROCHESTER, NY 146241535	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTISTS UNLIMITED INCPO BOX 26766 ROCHESTER, NY 146260766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 146270032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
STRONG HOME CARE GROUP PO BOX 270032 ROCHESTER, NY 146270032	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITEDPO BOX 22994 ROCHESTER, NY 146922994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHAUTAUQUA INSTITUTIONBOX 28 CHAUTAUQUA, NY 147220028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
JOYFUL RESCUES INC1319 TUROCK DR CUBA, NY 147279452	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLIMONT SNOWSPORTS INC PO BOX 279 ELLICOTTVILLE, NY 147310279	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOMECARE & HOSPICE FOUNDATION INC 1225 W STATE ST OLEAN, NY 147602135	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
GREATER OLEAN COMMUNITY FOUNDATION 301 N UNION ST SUITE 203 OLEAN, NY 147602735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONAVENTURE UNIVERSITY BUSINESS HOPKINS HALL ST BONAVENTURE, NY 147780000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ALFRED UNIVERSITYONE SAXON DRIVE ALFRED, NY 148020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ALFRED-ALMOND ALUMNI ASSOCIATION PO BOX 1134 ALFRED, NY 148020134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTRITION FOR THE ELDERLY IN TOMPKI 2422 N TRIPHAMMER RD ITHACA, NY 148501014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
CORNELL ALUMNI ASSOCIATION 130 E STATE ST STE 400 ITHACA, NY 148504400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARKET MATTERS INC 401 S ALBANY ST ITHACA, NY 148505407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISTORIC ITHACA INC 212 CENTER STREET ITHACA, NY 148505427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SAMUEL CURTIS JOHNSON GRADUATE SCHL 130 E SENECA ST ITHACA, NY 148505650	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMUEL CURTIS JOHNSON GRADUATE SCHL 130 E SENECA ST ITHACA, NY 148505650	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMPKINS COUNTY SPCA 1640 HANSHAW RD ITHACA, NY 148509102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HOSPICARE AND PALLIATIVE CARE SERVI 172 E KING RD ITHACA, NY 148509403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALTERNATIVES TO VIOLENCE PROJECT PO BOX 6851 ITHACA, NY 148516851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUMANSBURG ROBOTICS INC PO BOX 356 TRUMANSBURG, NY 148860356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
BEAVER COUNTY CHRISTIAN SCHOOL ASSO 510 37TH ST BEAVER FALLS, PA 150103452	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMOS HEALTH AND HOPE INC 3088 HABERLEIN RD GIBSONIA, PA 150448232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMOS HEALTH AND HOPE INC 3088 HABERLEIN RD GIBSONIA, PA 150448232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
SD PROJECT196 SHERWOOD DR MONACA, PA 150612556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SD PROJECT196 SHERWOOD DR MONACA, PA 150612556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TRI-CITY LIFE CENTER INC 1155 WILDLIFE LODGE ROAD LOWER BURRELL, PA 150683502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,630
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL COUNCIL ON FINANCE & ADMINS 1975 FERGUSON RD ALLISON PARK, PA 151013205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
SOUTH HILLS INTERFAITH MINISTRIES 5301 PARK AVENUE BETHEL PARK, PA 151020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROBERT MORRIS UNIVERSITY 6001 UNIIVERSITY BLVD LAFAYETTE CENTER MOON TOWNSHIP, PA 151080000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT MORRIS UNIVERSITY 6001 UNIIVERSITY BLVD LAFAYETTE CENTER MOON TOWNSHIP, PA 151080000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ROBERT MORRIS UNIVERSITY 6001 UNIIVERSITY BLVD LAFAYETTE CENTER MOON TOWNSHIP, PA 151080000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,997
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRODIGY WRESTING SCHOOL 124 ELMWOOD DR GLENSHAW, PA 151161234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
412 FOOD RESCUE INC 6022 BROAD STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
412 FOOD RESCUE INC 6022 BROAD STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
412 FOOD RESCUE INC 6022 BROAD STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF PITTSBURGH 1 WILD PLACE PITTSBURGH, PA 152061178	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CAMEROON FOOTBALL DEVELOPMENT PROGR 6401 PENN AVE STE 300 PITTSBURGH, PA 152064051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRICK ART & HISTORICAL CENTER INC 7227 REYNOLDS STREET PITTSBURGH, PA 152082919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWENS GIRLS INCORPORATED 711 WEST COMMONS 3RD FLOOR PITTSBURGH, PA 152125239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 152125250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 152125250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH HEINZ HOUSE ASSOCIATION 1 HEINZ ST PITTSBURGH, PA 152125920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY COLLEGE OF ALLEGHENY COUN 808 RIDGE AVENUE 102 PITTSBURGH, PA 152126003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PITTSBURGH SD341 S BELLEFIELD AVE PITTSBURGH, PA 152133552	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WQED MULTIMEDIA4802 5TH AVE PITTSBURGH, PA 152132918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
CARLOW UNIVERSITY3333 5TH AVE PITTSBURGH, PA 152133109	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF PITTSBURGH AND UPMC M 3600 FORBES AVE STE 8084 PITTSBURGH, PA 152133430	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 152133815	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,875
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 152133815	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 152133815	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
JEWISH FEDERATION OF GREATER PITTSB 234 MCKEE PL PITTSBURGH, PA 152133916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGEE-WOMENS RESEARCH INSTITUTE AND 3339 WARD ST PITTSBURGH, PA 152134430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEKIMA PLACE INC407 MORRISON DR PITTSBURGH, PA 152161205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEKIMA PLACE INC407 MORRISON DR PITTSBURGH, PA 152161205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDMUND'S ACADEMY 5705 DARLINGTON ROAD PITTSBURGH, PA 152171511	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
NATIONAL COUNCIL OF JEWISH WOMEN IN 1620 MURRAY AVE STE 2 PITTSBURGH, PA 152171481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TZOHAR SEMINARY6404 FORBES AVE PITTSBURGH, PA 152171727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GREATER P 707 GRANT ST 37TH FLOOR PITTSBURGH, PA 152191938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF GREATER P 707 GRANT ST 37TH FLOOR PITTSBURGH, PA 152191938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CASA OF ALLEGHENY COUNTY 564 FORBES AVE STE 902 PITTSBURGH, PA 152192903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH PENGUINS FOUNDATION 1 CHATHAM CTR STE 480 PITTSBURGH, PA 152193466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE MENTORING PARTNERSHIP OF SOUTHW 1901 CENTRE AVE STE 205 PITTSBURGH, PA 152194378	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE MENTORING PARTNERSHIP OF SOUTHW 1901 CENTRE AVE STE 205 PITTSBURGH, PA 152194378	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING INDEPENDENCE FOR THE ELDERLY 875 GREENTREE ROAD ONE PARKWAY CENTER SUITE 200 PITTSBURGH, PA 152203508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
STOREHOUSE FOR TEACHERS 281 CORLISS ST PITTSBURGH, PA 152204813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
SHANA SIMMONS DANCE 712 S TRENTON AVE APT 1 PITTSBURGH, PA 152213477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CARING FOUNDATION 620 STANWIX STREET PITTSBURGH, PA 152223000	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	90
PITTSBURGH PUBLIC THEATER CORPORATI 621 PENN AVE PITTSBURGH, PA 152223204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 212 NINTH STREET PITTSBURGH, PA 152223517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PLANNED PARENTHOOD OF WESTERN PENNS 933 LIBERTY AVE PITTSBURGH, PA 152223701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF WESTERN PENNS 933 LIBERTY AVE PITTSBURGH, PA 152223701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH TRUST FOR CULTURAL RESOU 803 LIBERTY AVENUE PITTSBURGH, PA 152223703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OUR CLUBHOUSE 2816 SMALLMAN STREET PITTSBURGH, PA 152224722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 152224793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 152224793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 152224793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ADVISORY BOARD ON AUTISM AND RELATE 35 WILSON ST STE 100 PITTSBURGH, PA 152231719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANCHESTER-BIDWELL CORPORATION 1815 METROPOLITAN ST PITTSBURGH, PA 152332233	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
MANCHESTER-BIDWELL CORPORATION 1815 METROPOLITAN ST PITTSBURGH, PA 152332233	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT LEBANON COMMUNITY FOUNDATION PO BOX 24514 PITTSBURGH, PA 152344514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ANIMAL FRIENDS INC 562 CAMP HORNE ROAD PITTSBURGH, PA 152371109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PRESSLEY RIDGE FOUNDATION 5500 CORPORATE DR STE 400 PITTSBURGH, PA 152375848	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESSLEY RIDGE FOUNDATION 5500 CORPORATE DR STE 400 PITTSBURGH, PA 152375848	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
PLUM BOROUGH COMMUNITY LIBRARY 445 CENTER NEW TEXAS RD PITTSBURGH, PA 152391819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG RD STE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG RD STE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
AMPLIFY CHURCH9400 SALTSBURG RD PITTSBURGH, PA 152392121	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
PITTSBURGH CIVIC ORCHESTRA PO BOX 12625 PITTSBURGH, PA 152410625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY HOSPICE AND PALLIATIVE CARE 50 MOFFETT ST PITTSBURGH, PA 152431162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UPMC50 MOFFETT ST PITTSBURGH, PA 152431162	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
ST CLAIR HEALTH CORPORATION 1000 BOWER HILL RD PITTSBURGH, PA 152431873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CLAIR HEALTH CORPORATION 1000 BOWER HILL RD PITTSBURGH, PA 152431873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,525
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WASHINGTON CITY MISSION INC 84 W WHEELING ST WASHINGTON, PA 153016918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE PETERS TOWNSHIP LIBRARY FOUNDAT 616 E MCMURRAY RD MCMURRAY, PA 153173420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WAYNESBURG UNIVERSITY 51 W COLLEGE ST WAYNESBURG, PA 153701258	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
WEST POINT ELEMENTARY SCHOOL PARENT 533 SAINT ANDREWS DR GREENSBURG, PA 156016066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ANIMAL KEEPERS RESCUE INC 485 MCGINNIS RD ACME, PA 156102241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANYON HEROESPO BOX 404 LIGONIER, PA 156580404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
CANYON HEROESPO BOX 404 LIGONIER, PA 156580404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CANYON HEROESPO BOX 404 LIGONIER, PA 156580404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY SCHOOL OF LIGONIER PO BOX 616 LIGONIER, PA 156580616	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE KISKI SCHOOL1888 BRETT LANE SALTSBURG, PA 156818951	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY GUIDANCE CENTER 793 OLD ROUTE 119 HWY N INDIANA, PA 157011372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA HEALTHCARE FOUNDATION 835 HOSPITAL RD INDIANA, PA 157013629	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	825
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
THE ARC OF CAMBRIA COUNTY 960 BEDFORD ST JOHNSTOWN, PA 159023802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN, PA 159050000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTINELS OF FREEDOM OF WESTERN PEN 512 W CRUIKSHANK RD VALENCIA, PA 160591204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW CASTLE COMMUNITY 20 W WASHINGTON ST NEW CASTLE, PA 161013908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AUSSIE RESCUE & PLACEMENT HELPLINE 417 FIELDSRUN RD NEW CASTLE, PA 161057005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUKENYA1000 E PINE ST EXT GROVE CITY, PA 161270000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GROVE CITY COLLEGE100 CAMPUS DR GROVE CITY, PA 161272101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
GROVE CITY COLLEGE100 CAMPUS DR GROVE CITY, PA 161272101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVIN FOUNDATIONPO BOX 983 KITTANNING, PA 162010983	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
GENERAL MCLANE FOUNDATION 11771 EDINBORO RD EDINBORO, PA 164121025	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
EDINBORO UNIVERSITY FOUNDATION 210 MEADVILLE STREET EDINBORO, PA 164440001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE PLAYHOUSE & ERIE PLAYHOUSE WIN 13 WEST 1O ST ERIE, PA 165010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GREATER ERIE COMMUNITY ACTION COMMI 18 W 9TH ST ERIE, PA 165011343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NAMI PENNSYLVANIA 1611 PEACH ST STE 218 ERIE, PA 165012121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMAUS MINISTRIES345 E 9TH ST ERIE, PA 165031107	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SAINT MARYS HOME OF ERIE 607 E 26TH ST ERIE, PA 165042813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MERCY CENTER FOR WOMEN INC 1039 E 27TH ST ERIE, PA 165042919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE UNBORN LIFE A PENNSYLVANIA NON 5235 WOLF RD ERIE, PA 165051345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SAVE UNBORN LIFE A PENNSYLVANIA NON 5235 WOLF RD ERIE, PA 165051345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PRESQUE ISLE PARTNERSHIP INC 301 PENINSULA DR STE 2 ERIE, PA 165052042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE ERIE ARBORETUM AT FRONTIER 1501 W 6TH ST ERIE, PA 165055036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE ERIE ARBORETUM AT FRONTIER 1501 W 6TH ST ERIE, PA 165055036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SISTERS OF ST JOSEPH MISSION AND MI 5031 W RIDGE RD ERIE, PA 165061249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST RIDGE FIRE DEPARTMENT 3142 W 26TH ST ERIE, PA 165062536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
SARAH A REED HOME2445 W 34TH ST ERIE, PA 165063549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SARAH A REED HOME2445 W 34TH ST ERIE, PA 165063549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVEMENT CENTER INC 4950 WEST 23RD STREET SUITE 1 ERIE, PA 165065802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE FLAGSHIP NIAGARA LEAGUE 150 E FRONT ST ERIE, PA 165070000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,665
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
DR GERTRUDE A BARBER CENTER INC 100 BARBER PL ERIE, PA 165071863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DR GERTRUDE A BARBER FOUNDATION INC 100 BARBER PL ERIE, PA 165071863	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
ERIE OUTLAWS YOUTH BASEBALL 4417 ALLEGHENY RD ERIE, PA 165091012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
METRO ERIE MEALS ON WHEELS INC 4408 PEACH STREET SUI 1 E 102 ERM, PA 165091318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICES OF NW PA 5100 PEACH STREET ERIE, PA 165092482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PUBLIC BROADCASTING OF NORTHWEST PE 8425 PEACH ST ERIE, PA 165094718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
PENN BRAD HISTORICAL OIL WELL CORPO PO BOX 163 BRADFORD, PA 167010163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MILTONS S HERSHEY MEDICAL CENTER 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTONS S HERSHEY MEDICAL CENTER 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY PHILA 2583 GATEWAY DR STE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,050
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CLEARWATER CONSERVANCY OF CENTR 2555 N ATHERTON ST STATE COLLEGE, PA 168031133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA PINK ZONE 19 COLONNADE WAY SUITE 117 110 STATE COLLEGE, PA 168033040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FOUNDATION FOR MOUNT NITTANY MEDICA 1800 E PARK AVE STATE COLLEGE, PA 168036709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST JOHN THE EVANGELIST CATHOLIC SCH 116 E BISHOP STREET BELLEFONTE, PA 168231975	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN THE EVANGELIST CATHOLIC SCH 116 E BISHOP STREET BELLEFONTE, PA 168231975	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
EMILY WHITEHEAD FOUNDATION 606 PAULINE STREET PHILIPSBURG, PA 168660681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JANA MARIE FOUNDATIONPO BOX 651 PINE GRV MLS, PA 168680651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEBANON VALLEY COLLEGE 101 N COLLEGE AVE ANNVILLE, PA 170031404	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,236
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YESLIBERIA INC51 COURTYARD DR CARLISLE, PA 170134901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY WAR COLLEGE FOUNDATION INCORPO 122 FORBES AVE CARLISLE, PA 170135248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BRAIN INJURY ASSOCIATION OF PENNSYL 950 WALNUT BOTTOM RD SUITE 15-229 CARLISLE, PA 170157636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
SAVE A GALGO ESPANOL 202 PUTTERS CIR DILLSBURG, PA 170191563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
EAST PENNSBORO AMBULANCE SERVICE IN PO BOX 47 ENOLA, PA 170250047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HERSHEY SYMPHONY ORCHESTRA SOCI PO BOX 93 HERSHEY, PA 170330093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RONALD MCDONALD HOUSE CHARITIES OF 745 WEST GROVERNOR ROAD HERSHEY, PA 170332304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
RONALD MCDONALD HOUSE CHARITIES OF 745 WEST GROVERNOR ROAD HERSHEY, PA 170332304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOY OF SPORTS FOUNDATION 858 APPENZELL DR HUMMELSTOWN, PA 170369799	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE FOUNDATION FOR ENHANCING COMMUN 200 N 3RD ST FL 8 HARRISBURG, PA 171011518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSQUEHANNA ART MUSEUM 1401 N 3RD ST HARRISBURG, PA 171021909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA GREATER HARRISBURG 1101 MARKET ST HARRISBURG, PA 171032225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIR STE 101 HARRISBURG, PA 171109346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT RD HARRISBURG, PA 171113710	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH HOME OF GREATER HARRISBURG 4000 LINGLESTOWN RD HARRISBURG, PA 171121017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HUNTERS SHARING THE HARVEST INC 6780 HICKORY LN HARRISBURG, PA 171123348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVE CHAMBERSBURG, PA 172011279	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOYS AND GIRLS CLUB OF CHAMBERS 440 W WASHINGTON ST CHAMBERSBURG, PA 172012458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NETWORK MINISTRIES 419 HOLLYWELL AVENUE CHAMBERSBURG, PA 172013224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MERCERSBURG ACADEMY 300 E SEMINARY STREET MERCERSBURG, PA 172361550	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NICODEMUS CENTER FOR CERAMIC ST 13 S CHURCH ST WAYNESBORO, PA 172681505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EQUITEAM SUPPORT SERVICES 1200 S PLEASANT AVE DALLASTOWN, PA 173139606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GETTYSBURG COLLEGE 300 N WASHINGTON STREET BOX 2458 GETTYSBURG, PA 173251400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAND-CAPITOL PERFORMING ARTS CENT 50 N GEORGE ST YORK, PA 174011214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CULTURAL ALLIANCE OF YORK COUNTY 14 WEST MARKET STREET YORK, PA 174011617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MISERICORDIA CONVALESCENT HOME 998 S RUSSELL ST YORK, PA 174023542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY LITERACY COUNCIL 800 E KING ST YORK, PA 174031781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BELMONT THEATRE 27 S BELMONT ST YORK, PA 174031914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY PROGRESS COUNCIL INC 226 E COLLEGE AVE YORK, PA 174032344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
YORK COUNTY SOCIETY FOR THE PREVENT 3159 N SUSQUEHANNA TRL YORK, PA 174067922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY SOCIETY FOR THE PREVENT 3159 N SUSQUEHANNA TRL YORK, PA 174067922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MENNONITE CENTRAL COMMITTEE U S 21 S 12TH ST AKRON, PA 175011605	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	190
MENNONITE CENTRAL COMMITTEE U S 21 S 12TH ST AKRON, PA 175011605	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUREVER HOME ADOPTION CENTER 5984 MAIN STREET EAST PETERSBURG, PA 175201549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEMPFIELD FOUNDATION 200 CHURCH ST LANDISVILLE, PA 175381332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MORAVIAN MANORS INC 300 W LEMON ST LITITZ, PA 175432311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVEN RIDGE WILDLIFE CENTER INC 1828 WATER ST WASH BORO, PA 175829774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST LEO THE GREAT SCHOOL 2427 MARIETTA AVENUE LANCASTER, PA 176011942	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	850
PENNSYLVANIA COLLEGE OF HEALTH SCIE 850 GREENFIELD RD LANCASTER, PA 176015871	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNE SCHOOL 108 E LIBERTY STREET LANCASTER, PA 176021913	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
LANCASTER GENERAL HEALTH FOUNDATION 609 N CHERRY ST LANCASTER, PA 176022250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LANCASTER COUNTRY DAY SCHOOL 725 HAMILTON RD LANCASTER, PA 176032411	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HOSPICE & COMMUNITY CARE PO BOX 4125 LANCASTER, PA 176044125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,155
COMMUNITY FIRST FUND 51 SOUTH DUKE STREET SUITE 400 LANCASTER, PA 176080524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF LANCASTER FOUNDATION PO BOX 1387 LANCASTER, PA 176081387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FULTON THEATRE COMPANY 12 NORTH PRINCE STREET LANCASTER, PA 176081865	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
LYCOMING COLLEGE700 COLLEGE PL WILLIAMSPORT, PA 177015157	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCOMING-CLINTON COUNTIES COMMISSIO 2138 LINCOLN ST WILLIAMSPORT, PA 177015549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE BLOOMSBURG UNIVERSITY FOUNDATIO 400 EAST SECOND STREET BLOOMSBURG, PA 178151301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
THE BLOOMSBURG UNIVERSITY FOUNDATIO 400 EAST SECOND STREET BLOOMSBURG, PA 178151301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BLOOMSBURG UNIVERSITY FOUNDATIO 400 EAST SECOND STREET BLOOMSBURG, PA 178151301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
K-9 HERO HAVEN INC 176 MAHANOY CREEK LN HERNDON, PA 178306965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
DONALD L HEITER COMMUNITY CENTER IN 100 N 5TH ST LEWISBURG, PA 178371410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN DRAGON FOUNDATION 115 FARLEY CIR STE 306 LEWISBURG, PA 178379252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUNCOM INDUSTRIES INC 128 WATER ST PO BOX 46 NORTHUMBERLAND, PA 178571907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAMPS FOR SPIFFY-KYDS INC 196 ROSE LN PORT TREVORTON, PA 178649361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
NORTHAMPTON COUNTY MEDICAL SOCIETY PO BOX 21012 LEHIGH VALLEY, PA 180021012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTSQUEST25 W THIRD ST BETHLEHEM, PA 180151238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH VALLEY PUBLIC TELECOMMUNICAT 123 SESAME ST BETHLEHEM, PA 180154719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EMBRACE YOUR DREAMS 424 CENTER ST RM 300 BETHLEHEM, PA 180186019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
MORAVIAN COLLEGE1200 MAIN ST BETHLEHEM, PA 180186614	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORAVIAN COLLEGE1200 MAIN ST BETHLEHEM, PA 180186614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
EASTON AREA PUBLIC LIBRARY SIXTH CHURCH STREET EASTON, PA 180420000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TWO RIVERS HEALTH & WELLNESS FOUNDA 1101 NORTHAMPTON ST STE 101 EASTON, PA 180424152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO RIVERS HEALTH & WELLNESS FOUNDA 1101 NORTHAMPTON ST STE 101 EASTON, PA 180424152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WILDLANDS CONSERVANCY INC 3701 ORCHID PL EMMAUS, PA 180491638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WILDLANDS CONSERVANCY INC 3701 ORCHID PL EMMAUS, PA 180491638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 1541 ALTA DR STE 204 WHITEHALL, PA 180525632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BLUE MOUNTAIN RACING ASSOCIATION PO BOX 216 PALMERTON, PA 180710216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VETERANS BROTHERHOOD313 4TH ST PENNSBURG, PA 180731352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERKIOMEN SCHOOL200 SEMINARY ST PENNSBURG, PA 180731815	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ALLENTOWN SYMPHONY ASSOCIATION INC 23 NORTH SIXTH STREET ALLENTOWN, PA 181011431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALLENTOWN SYMPHONY ASSOCIATION INC 23 NORTH SIXTH STREET ALLENTOWN, PA 181011431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLENTOWN SYMPHONY ASSOCIATION INC 23 NORTH SIXTH STREET ALLENTOWN, PA 181011431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
YOUTH EDUCATION IN THE ARTS 601 W HAMILTON ST ALLENTOWN, PA 181012103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 181021608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 181021608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 181021608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
MVP360 LEADERSHIP DEVELOPMENT PROGR 1515 S 2ND ST ALLENTOWN, PA 181035038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST ALLENTOWN, PA 181045020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EXCHANGE CLUB FOUNDATION OF WESTERN 5420 CHAPMANS RD ALLENTOWN, PA 181049226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ALLENTOWN RESCUE MISSION INC 355 W HAMILTON ST ALLENTOWN, PA 181050748	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLENTOWN RESCUE MISSION FOUNDATION PO BOX 748 ALLENTOWN, PA 181050748	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
LOWER MACUNGLE FIRE DEPARTMENT PO BOX 3002 WESCOSVILLE, PA 181060002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 991 POSTAL RD ALLENTOWN, PA 181099516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIAN CATHOLIC HIGH SCHOOL 166 MARIAN AVENUE TAMAQUA, PA 182524755	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	35
STROUD AREA REGIONAL POLICE COMMISS 100 DAY ST E STROUDSBURG, PA 183012432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
POCONO ENVIRONMENTAL EDUCATION CENT 538 EMERY ROAD DINGMANS FERRY, PA 183289614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAIT THERAPEUTIC RIDING CENTER PO BOX 69 MILFORD, PA 183370069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GOOD SHEPHERD SUSTAINABLE LEARNING PO BOX 447 MILFORD, PA 183370447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
GOOD SHEPHERD SUSTAINABLE LEARNING PO BOX 447 MILFORD, PA 183370447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOBYHANNA TOWNSHIP VOL FIRE CO PO BOX 388 POCONO PINES, PA 183500388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 184112260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ROXIES PLACE INCORPORATED 354 FREYTOWN RD COVINGTON TWP, PA 184247900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE HIGHLANDS CONSERVANCY PO BOX 218 HAWLEY, PA 184280218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE COUNTY MEMORIAL HOSPITAL AUXI 601 PARK ST HONESDALE, PA 184311445	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WAYNE MEMORIAL HOSPITAL FOUNDATION 601 PARK ST HONESDALE, PA 184311445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
NORTH POCONO JR TROJANS P O BOX 355 MOSCOW, PA 184440000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLEAF THERAPEUTIC HORSEMANSHIP CE 103 OAKLEY LN NICHOLSON, PA 184468129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KE ALLSTAR BOOSTER CLUB 913 STANTON RD OLYPHANT, PA 184472617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
KE ALLSTAR BOOSTER CLUB 913 STANTON RD OLYPHANT, PA 184472617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAVERLY COMMUNITY HOUSE INC PO BOX 142 WAVERLY, PA 184710142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 72 MONTAGE RD MOOSIC, PA 185071776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPHS CENTER2010 ADAMS AVE SCRANTON, PA 185091508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS CENTER2010 ADAMS AVE SCRANTON, PA 185091508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST FRANCIS OF ASSISI KITCHEN 500 PENN AVE SCRANTON, PA 185093116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GEISINGER COMMONWEALTH SCHOOL OF ME 525 PINE ST SCRANTON, PA 185093240	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,225
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH HOME OF EASTERN PENNSYLVANIA 1101 VINE ST SCRANTON, PA 185102126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,490
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SCRANTON UNICO FOUNDATION PO BOX 278 DUNMORE, PA 185120278	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
BUILD A SPARTAN FOUNDATION 52 UNDERWOOD RD THROOP, PA 185121196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL SUSQUEHANNA COMMUNITY FOUND 725 W FRONT ST BERWICK, PA 186034605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS, PA 186122090	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
GREATER WILKES-BARRE ASSOCIATION FO 1825 WYOMING AVE EXETER, PA 186431444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE ASSOCIATION OF NORTH 31 WEST MARKET STREET WILKES BARRE, PA 187010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
WILKES UNIVERSITY84 W SOUTH ST WILKESBARRE, PA 187011009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LUZERNE COUNTY HISTORICAL SOCIETY 49 S FRANKLIN ST WILKES BARRE, PA 187011202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE ASSOCIATION OF NORTH 31 W MARKET ST WILKES BARRE, PA 187011304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY ALLIANCE OF NORTHE 60 S RIVER ST WILKES BARRE, PA 187022406	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
JEWISH COMMUNITY ALLIANCE OF NORTHE 60 S RIVER ST WILKES BARRE, PA 187022406	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS SERVICE CENTER OF WYOMING 335 S FRANKLIN ST WILKES BARRE, PA 187023808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF LUZERNE COUNTY 667 S RIVER ST PLAINS, PA 187050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
DELAWARE VALLEY UNIVERSITY 700 E BUTLER AVE DOYLESTOWN, PA 189010000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
DELAWARE VALLEY UNIVERSITY 700 E BUTLER AVE DOYLESTOWN, PA 189010000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMENTIA SOCIETY INCPO BOX 600 DOYLESTOWN, PA 189010600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DEMENTIA SOCIETY INCPO BOX 600 DOYLESTOWN, PA 189010600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
DOYLESTOWN HOSPITAL 595 W STATE ST DOYLESTOWN, PA 189012554	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN SILVERMAN COMMUNITY HEALTH CLIN 595 W STATE ST DOYLESTOWN, PA 189012554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUNG MENS CHRISTIAN ASSOCIATION OF 2500 LOWER STATE RD DOYLESTOWN, PA 189012634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,125
YOUNG MENS CHRISTIAN ASSOCIATION OF 2500 LOWER STATE RD DOYLESTOWN, PA 189012634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY OPPORTUNITY COUNCIL IN 100 DOYLE ST DOYLESTOWN, PA 189013750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
RENEW THEATERS INC91 E COURT ST DOYLESTOWN, PA 189014328	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
RENEW THEATERS INC91 E COURT ST DOYLESTOWN, PA 189014328	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNTY THEATER INC91 E COURT ST DOYLESTOWN, PA 189014335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 1 SCOUT WAY DOYLESTOWN, PA 189014890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JAMES A MICHENER ART MUSEUM 138 S PINE ST DOYLESTOWN, PA 189014931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	71
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES A MICHENER ART MUSEUM 138 S PINE ST DOYLESTOWN, PA 189014931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JAMES A MICHENER ART MUSEUM 138 S PINE ST DOYLESTOWN, PA 189014931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 189028400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TINICUM CONSERVANCYPO BOX 206 ERWINNA, PA 189200206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE DEEP RUN VALLEY SPORTS ASSOCIAT PO BOX 380 HILLTOWN, PA 189270380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WARWICK TOWNSHIP HISTORICAL SOCIETY PO BOX 107 JAMISON, PA 189290107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY SOCIETY FOR PREVENTION BOX 277 1665 STREET RD LAHASKA, PA 189310277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FREE LIBRARY OF NEW HOPE & SOLEBURY 93 W FERRY ST NEW HOPE, PA 189381332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLAYHOUSE ARTISTS 12 WEST MECHANIC STREET UNIT 2A NEW HOPE, PA 189382218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY AUDUBON SOCIETY 2877 CREAMERY RD NEW HOPE, PA 189385633	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ROCK LACROSSE INCPO BOX 196 NEWTOWN, PA 189400196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NEWTOWN ROCK SOFTBALL ASSOCIATION PO BOX 756 NEWTOWN, PA 189400756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTOWN ROCK SOFTBALL ASSOCIATION PO BOX 756 NEWTOWN, PA 189400756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHANDLER HALL HEALTH SERVICES INC 99 BARCLAY ST NEWTOWN, PA 189401593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEWTOWN FIRE ASSOCIATION 14 LIBERTY ST NEWTOWN, PA 189402023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CIRCLE DELAWARE VALLEY N 25 N STATE ST NEWTON, PA 189402026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LITTLE LEAGUE BASEBALL INC 396 CAMBRIDGE LN NEWTOWN, PA 189403310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BUCKS COUNTY COMMUNITY COLLEGE FOUN 275 SWAMP RD NEWTOWN, PA 189404106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREWS HOPE RESEARCH FOUNDATION 36 ATKINSON LN NEWTOWN, PA 189404219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
DREWS HOPE RESEARCH FOUNDATION 36 ATKINSON LN NEWTOWN, PA 189404219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
DREWS HOPE RESEARCH FOUNDATION 36 ATKINSON LN NEWTOWN, PA 189404219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONEL OGDENS FIRST NEW JERSEY REG 355 E DARK HOLLOW RD PIPERSVILLE, PA 189479308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AUTISM CARES FOUNDATION PO BOX 180 RICHBORO, PA 189540180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AUTISM CARES FOUNDATION PO BOX 180 RICHBORO, PA 189540180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NGA NEEDLEWORK GUILD OF AMERICA 7 KAY DR CHURCHVILLE, PA 189661518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WALDORF SCHOOL ASSOCIATION OF THE D 1395 BRIDGETON HILL RD UPPR BLCK EDY, PA 189729721	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL FRIENDS FUREVERPO BOX 301 WARMINSTER, PA 189740531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WISSAHICKON VALLEY WATERSHED ASSOCI 12 MORRIS RD AMBLER, PA 190025407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 20 BALA CYNWYD, PA 190041008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	351
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 20 BALA CYNWYD, PA 190041008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203 BALA CYNWYD, PA 190041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203 BALA CYNWYD, PA 190041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203 BALA CYNWYD, PA 190041013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
JEWISH RELIEF AGENCY 225 E CITY AVE STE 210 BALA CYNWYD, PA 190042837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
J WOOD PLATT CADDIE SCHOLARSHIP TRU 1974 SPROUL RD STE 400 BROOMALL, PA 190083402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J WOOD PLATT CADDIE SCHOLARSHIP TRU 1974 SPROUL RD STE 400 BROOMALL, PA 190083402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 2002 SPROUL RD STE 102 BROOMALL, PA 190083511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST ALOYSIUS ACADEMY 401 S BRYN MAWR AVENUE BRYN MAWR, PA 190102210	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEVILLAGE SERVICES PRESBYTERIAN CH 452 S ROBERTS RD ROSEMONT, PA 190101136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOLY CHILD SCHOOL AT ROSEMONT 1344 MONTGOMERY AVE ROSEMONT, PA 190101629	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
BRYN MAWR COLLEGE 101 N MERION AVE DEVELOPMENT OFFICE BRYN MAWR, PA 190102859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYN MAWR COLLEGE 101 N MERION AVE DEVELOPMENT OFFICE BRYN MAWR, PA 190102859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
BRYN MAWR HOSPITAL FOUNDATION 130 S BRYN MAWR AVE BRYN MAWR, PA 190103121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ASTON VALLEY BASEBALL LEAGUE PO BOX 2063 ASTON, PA 190140063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS HUMANE SOCIETY 3839 RICHLIEU RD PO BOX 1470 BENSALEM, PA 190202116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOMENS HUMANE SOCIETY 3839 RICHLIEU RD PO BOX 1470 BENSALEM, PA 190202116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOMERS FOR HOPE INC 343 FAIRFAX RD DREXEL HILL, PA 190261006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT PARK TERMITES 404 MARSDEN AVE ESSINGTON, PA 190291233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HIGHLANDS HISTORICAL SOCIETY 7001 SHEAFF LN FT WASHINGTON, PA 190342005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIVING HOPE INTERNATIONAL INCORPORA 449 PENNSYLVANIA AVE FT WASHINGTON, PA 190343414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING HOPE INTERNATIONAL INCORPORA 449 PENNSYLVANIA AVE FT WASHINGTON, PA 190343414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLENOLDEN YOUTH CLUBPO BOX 7 GLENOLDEN, PA 190360007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INSTITUTES FOR THE ACHIEVEMENT OF H 8801 STENTON AVE WYNDMOOR, PA 190388319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS SCHOOL HAVERFORD 851 BUCK LANE HAVERFORD, PA 190411228	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADSTRONG FOUNDATION 232 GREEN AVENUE HOLMES, PA 190431117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE BREATHING ROOM FOUNDATION PO BOX 287 JENKINTOWN, PA 190460287	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN ANTI-VIVISECTION SOCIETY 801 OLD YORK ROAD SUITE 204 JENKINTOWN, PA 190461685	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ANTI-VIVISECTION SOCIETY 801 OLD YORK ROAD SUITE 204 JENKINTOWN, PA 190461685	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ST MARY MEDICAL CENTER FOUNDATION LANGHORNE NEWTOWN RD LANGHORNE, PA 190470000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOODS SERVICES INCPO BOX 36 LANGHORNE, PA 190470036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODS SERVICES FOUNDATION PO BOX 36 LANGHORNE, PA 190470036	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	4,900
FAMILY SERVICE ASSOC OF BUCKS COUNT 4 CORNERSTONE DR LANGHORNE, PA 190471314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WELCOMING THE STRANGER PO BOX 1156 LANGHORNE, PA 190476156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOICEONE PREGNANCY & SEXUAL HEALTH 2222 TRENTON AVENUE LEVITTOWN, PA 190561400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
COMMONWEALTH CLASSIC THEATRE COMPAN PO BOX 971 MEDIA, PA 190630971	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURAL LANDS TRUST INCORPORATED 1031 PALMERS MILL RD MEDIA, PA 190631006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL LANDS TRUST INCORPORATED 1031 PALMERS MILL RD MEDIA, PA 190631006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ROSE TREE FIRE COMPANY 1 1275 N PROVIDENCE RD MEDIA, PA 190631204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE WALDEN SCHOOL INC 901 N PROVIDENCE RD MEDIA, PA 190631448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELWYN111 ELWYN RD ELWYN, PA 190634622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,250
ELWYN111 ELWYN RD ELWYN, PA 190634622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
ELWYN111 ELWYN RD ELWYN, PA 190634622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMSON COLLEGE OF THE TRADES 106 S NEW MIDDLETOWN RD MEDIA, PA 190635202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
MERION MERCY ACADEMY 511 MONTGOMERY AVENUE MERION STATION, PA 190661214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
WALDRON MERCY ACADEMY 513 MONTGOMERY AVENUE MERION STATION, PA 190661214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSBURY ATHLETIC ASSOCIATION PO BOX 297 YARDLEY, PA 190670297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ABRAMS HEBREW ACADEMY 31 W COLLEGE AVE YARDLEY, PA 190671516	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LEGACY OF LIFE FOUNDATION 25 S MAIN STREET 217 YARDLEY, PA 190671527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY CAT PROJECT INCORPORATED 505 KINGS RD YARDLEY, PA 190674650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAWS AND AFFECTION INC 4 WYNNEWOOD CT NARBERTH, PA 190721730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,070
PAWS AND AFFECTION INC 4 WYNNEWOOD CT NARBERTH, PA 190721730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAKE A BREATHER FOUNDATION 107 FORREST AVE SUITE 105 NARBERTH, PA 190722219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TAKE A BREATHER FOUNDATION 107 FORREST AVE SUITE 105 NARBERTH, PA 190722219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORWOOD PUBLIC LIBRARY 513 WELCOME AVE NORWOOD, PA 190741425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BARNSTORMERSPO BOX 12 RIDLEY PARK, PA 190780012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KELLY MUSIC FOR LIFE 139 HATHAWAY LN HAVERTOWN, PA 190831517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
PALS FOR LIFE ASSOCIATION 939 RADNOR RD WAYNE, PA 190872701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALS FOR LIFE ASSOCIATION 939 RADNOR RD WAYNE, PA 190872701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
THE MEMORIAL LIBRARY OF RADNOR TWP 114 W WAYNE AVE WAYNE, PA 190874019	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
THE MEMORIAL LIBRARY OF RADNOR TWP 114 W WAYNE AVE WAYNE, PA 190874019	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASSOCIATION FOR FRONTOTEMPORAL 290 KING OF PRUSSIA RD BLDG 2 RADNOR, PA 190875107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KISSES FOR KYLE FOUNDATION PO BOX 188 WILLOW GROVE, PA 190900188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PHILADELPHIA YOUTH ORCHESTRA PO BOX 41810 PHILADELPHIA, PA 191011810	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELLENIC UNIVERSITY CLUB OF PHILADE PO BOX 42199 PHILADELPHIA, PA 191012199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120,000
CODED BY KIDS1600 VINE ST PHILADELPHIA, PA 191021100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
PENNSYLVANIA ACADEMY OF THE FINE AR 128 N BROAD ST PHILADELPHIA, PA 191021424	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHOLARSHIP FOUNDATION OF THE U 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YOUTH WORK FOUNDATION OF THE UNION 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ABRAHAM LINCOLN FOUNDATION OF T 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHOLARSHIP FOUNDATION OF THE U 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOYAL LEGION MEMORIAL FUND 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
HISTORIC PRESERVATION & EDUCATION F 215 S 16TH ST PHILADELPHIA, PA 191023349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA CHAMBER MUSIC SOCIETY 1528 WALNUT ST STE 301 PHILADELPHIA, PA 191023602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOREIGN POLICY RESEARCH INSTITUTE 1528 WALNUT ST STE 610 PHILADELPHIA, PA 191023625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN POETRY REVIEW UARTS-HAMILTON 313 320 S BROAD ST PHILADELPHIA, PA 191024901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN POETRY REVIEW UARTS-HAMILTON 313 320 S BROAD ST PHILADELPHIA, PA 191024901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF THE ARTS 320 SOUTH BROAD STREET ADVANCEMENT OFFICE PHILADELPHIA, PA 191024901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE FREE LIBRARY OF PHILADELPHIA 1901 VINE ST ROOM 400 PHILADELPHIA, PA 191031116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FREE LIBRARY OF PHILADELPHIA 1901 VINE ST ROOM 400 PHILADELPHIA, PA 191031116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CATHOLIC CHARITIES APPEAL OF THE AR 222 N 17TH ST STE 708 PHILADELPHIA, PA 191031295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PHILAD 2100 ARCH ST 8TH FLOOR PHILADELPHIA, PA 191031308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,394
JEWISH FEDERATION OF GREATER PHILAD 2100 ARCH ST 8TH FLOOR PHILADELPHIA, PA 191031308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET 5TH FLOOR PHILADELPHIA, PA 191031443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET 5TH FLOOR PHILADELPHIA, PA 191031443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
THE JERRY SEGAL CLASSIC 1700 BENJAMIN FRANKLIN PKWY SUITE LL PHILADELPHIA, PA 191032718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
TOUR DE SHORE CHILDRENS FOUNDATION 2007 WALNUT ST PHILADELPHIA, PA 191034403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHEUS CLUB OF PHILADELPHIA 254 S VAN PELT ST PHILADELPHIA, PA 191034813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONSUMER CREDIT COUNSELING SERVICE 1608 WALNUT ST FL 10 PHILADELPHIA, PA 191035451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
FRIENDS OF RITTENHOUSE SQUARE 210 W RITTENHOUSE SQ BOX 1308 PHILADELPHIA, PA 191035726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSENBACH MUSEUM AND LIBRARY 2010 DELANCEY ST PHILADELPHIA, PA 191036510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,260
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,454
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY CITY DISTRICT 3940 CHESTNUT ST PHILADELPHIA, PA 191043111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
PEOPLES EMERGENCY CENTER 325 NORTH 39TH STREET PHILADELPHIA, PA 191044655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,594
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,650
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,499
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,170
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS SUITE 300 - GAAR / 2929 WALNUT STREET PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	14,250
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PENNSYLVANIA HOSPITAL OF THE UNIV O 2929 WALNUT STREET SUITE 300- GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SUNDAY BREAKFAST ASSOCIATION INC PO BOX 297 PHILADELPHIA, PA 191050297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST ASSOCIATION INC PO BOX 297 PHILADELPHIA, PA 191050297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUNDAY BREAKFAST ASSOCIATION INC PO BOX 297 PHILADELPHIA, PA 191050297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SUNDAY BREAKFAST ASSOCIATION INC PO BOX 297 PHILADELPHIA, PA 191050297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN AMERICAN MUSEUM IN 701 ARCH STREET PHILADELPHIA, PA 191060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
PHILADELPHIA ANIMAL WELFARE SOCIETY 100 N 2ND ST PHILADELPHIA, PA 191060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE RIVER WATERFRONT CORPORATI 121 N COLUMBUS BLVD PHILADELPHIA, PA 191061403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	415
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	415
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
CENTER CITY DISTRICT FOUNDATION 660 CHESTNUT ST PHILADELPHIA, PA 191062308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CENTER CITY DISTRICT FOUNDATION 660 CHESTNUT ST PHILADELPHIA, PA 191062308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MUSEUM OF AMERICAN JEWISH 101 SOUTH INDEPENDENCE MALL EAST PHILADELPHIA, PA 191062517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN PHILOSOPHICAL SOCIETY 104 SOUTH FIFTH STREET PHILADELPHIA, PA 191063387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN ASSOCIATION FOR CANCER RES 615 CHESTNUT ST 17TH FL PHILADELPHIA, PA 191064406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ASSOCIATION FOR CANCER RES 615 CHESTNUT ST FL 17 PHILADELPHIA, PA 191064406	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
AMERICAN ASSOCIATION FOR CANCER RES 615 CHESTNUT ST FL 17 PHILADELPHIA, PA 191064406	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
CHRIST CHURCH PRESERVATION TRUST 20 N AMERICAN ST PHILADELPHIA, PA 191064509	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST CHURCH PRESERVATION TRUST 20 N AMERICAN ST PHILADELPHIA, PA 191064509	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
PHILADELPHIA CHINATOWN DEVELOPMENT 301-305 N 9TH ST PHILADELPHIA, PA 191071409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN AFFAIRS COALITION 1207 CHESTNUT ST PHILADELPHIA, PA 191074104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DINING OUT FOR LIFE INTERNATIONALAS 1229 CHESTNUT STREET PMB 108 PHILADELPHIA, PA 191074140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
WILLS EYE FOUNDATION INC 840 WALNUT ST PHILADELPHIA, PA 191075109	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
WOMENS LAW PROJECT 125 S 9TH STREET SUITE 300 PHILADELPHIA, PA 191075125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	905
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROAD STREET MINISTRY 315 S BROAD ST PHILADELPHIA, PA 191075213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BROAD STREET MINISTRY 315 S BROAD ST PHILADELPHIA, PA 191075213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BROAD STREET MINISTRY 315 S BROAD ST PHILADELPHIA, PA 191075213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF EASTER PA 919 WALNUT ST STE 700 PHILADELPHIA, PA 191075237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
EPILEPSY FOUNDATION OF EASTER PA 919 WALNUT ST STE 700 PHILADELPHIA, PA 191075237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
DELTA PHI EPSILON EDUCATIONAL FOUND 251 S CAMAC ST PHILADELPHIA, PA 191075609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANN CENTER FOR THE PERFORMING ARTS 123 SOUTH BROAD STREET SUITE 815 PHILADELPHIA, PA 191091048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
MANN CENTER FOR THE PERFORMING ARTS 123 SOUTH BROAD STREET SUITE 815 PHILADELPHIA, PA 191091048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOX CHASE CANCER CENTER MEDICAL GRO 333 COTTMAN AVE PHILADELPHIA, PA 191112434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLITZ HEBREW ACADEMY OF NORTHEAST 9225 OLD BUSTLETON AVE PHILADELPHIA, PA 191154615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,147
POLITZ HEBREW ACADEMY OF NORTHEAST 9225 OLD BUSTLETON AVE PHILADELPHIA, PA 191154615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	860
BREAKTHROUGH BIKE CHALLENGE 14 W HIGHLAND AVE PHILADELPHIA, PA 191183326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREE HOUSE BOOKS 1430 W SUSQUEHANNA AVE PHILADELPHIA, PA 191211632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE GESU SCHOOL INC 1700 W THOMPSON ST PHILADELPHIA, PA 191215023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
TEMPLE UNIVERSITY ALUMNI ASSOCIATIO 100 SULLIVAN HALL PHILADELPHIA, PA 191220000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	395
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY ALUMNI ASSOCIATIO 1852 N 10TH STREET PHILADELPHIA, PA 191226009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
LIONS EYE BANK OF DELAWARE VALLEY 401 N 3RD ST STE 305 PHILADELPHIA, PA 191234101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER DELAWARE VALLEY SOCIETY OF 401 N 3RD ST PHILADELPHIA, PA 191234101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DELAWARE VALLEY SOCIETY OF 401 N 3RD ST PHILADELPHIA, PA 191234101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRANSPLANT FOUNDATION 401 N 3RD ST PHILADELPHIA, PA 191234101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	365
THE SCHUYLKILL CENTER FOR ENVIRONME 8480 HAGYS MILL RD PHILADELPHIA, PA 191281938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHUYLKILL CENTER FOR ENVIRONME 8480 HAGYS MILL RD PHILADELPHIA, PA 191281938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PHILADELPHIA FOLKSONG SOCIETY 6156 RIDGE AVENUE PHILADELPHIA, PA 191282626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVENUE NO 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVE 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVENUE NO 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVENUE NO 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVE 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ADULT CONGENITAL HEART ASSOCIATION 3300 HENRY AVE 112 PHILADELPHIA, PA 191291121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
LEGACY YOUTH TENNIS AND EDUCATION 4842 RIDGE AVE PHILADELPHIA, PA 191291737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR PEOPLE INCORPORATED 800 N BROAD ST PHILADELPHIA, PA 191302202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PHILADELPHIA MURAL ARTS ADVOCATES 1727-29 MOUNT VERNON STREET PHILADELPHIA, PA 191303321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65,000
J R MASTERMAN HOME & SCHOOL ASSOCIA 1699 SPRING GARDEN ST PHILADELPHIA, PA 191303913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CRISIS TREATMENT CENTER I 1080 NORTH DELAWARE AVENUE SUITE 600 PHILADELPHIA, PA 191304197	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST ROSE OF LIMA ELEMENTARY SCHOOL 1522 N WANAMAKER STREET PHILADELPHIA, PA 191313828	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST ROSE OF LIMA ELEMENTARY SCHOOL 1522 N WANAMAKER STREET PHILADELPHIA, PA 191313828	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOSEPHS UNIVERSITY 5600 CITY AVENUE OFFICE OF DEVELOPMENT PHILADELPHIA, PA 191311395	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,825
CANCER SUPPORT COMMUNITY GREATER PH 4100 CHAMOUNIX DR PHILADELPHIA, PA 191313709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EASTER SEALS OF SOUTHEASTERN PENNSY 3975 CONSHOHOCKN AVE PHILADELPHIA, PA 191315426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA PSI FOUNDATION INC 2322 24 N BROAD ST PHILADELPHIA, PA 191320000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONGRESO DE LATINOS UNIDOS INC 216 W SOMERSET STREET PHILADELPHIA, PA 191333534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IMPACT SERVICES CORP 1952 E ALLEGHENY AVE PHILADELPHIA, PA 191343122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ST HUBERT CATHOLIC HIGH SCHOOL FOR 7320 TORRESDALE AVENUE PHILADELPHIA, PA 191364104	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OFFICE OF CATHOLIC EDUCATION 7320 TORRESDALE AVE PHILADELPHIA, PA 191364198	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
NUEVA ESPERANZA 4261 NORTH 5TH STREET PHILADELPHIA, PA 191402615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SOUTHWEST COMMUNITY DEVELOPMENT COR 6328 PASCHALL AVENUE PHILADELPHIA, PA 191422323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FIRST PRESBYTERIAN CHURCH IN GERMAN 35 W CHELTEN AVE PHILADELPHIA, PA 191442701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BREAKTHROUGH OF GREATER PHILADELPHI 34 W COULTER ST PHILADELPHIA, PA 191442801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM PENN CHARTER SCHOOL OVERSEE 3000 W SCHOOL HOUSE LN PHILADELPHIA, PA 191445412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WILLIAM PENN CHARTER SCHOOL OVERSEE 3000 W SCHOOL HOUSE LN PHILADELPHIA, PA 191445412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 191461542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMCAST SPECTACOR CHARITIES 3601 BROAD ST PHILADELPHIA, PA 191485250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,340
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRANSVERSE MYELITIS ASSOCIATION PO BOX 826962 PHILADELPHIA, PA 191826962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE VALLEY FRIENDS SCHOOL 19 E CENTRAL AVENUE PAOLI, PA 193011345	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
STROUD WATER RESEARCH CENTER INC 970 SPENCER RD AVONDALE, PA 193119514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HILLSIDE ELEMENTARY SCHOOL PTO 507 HOWELLVILLE RD BERWYN, PA 193121037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION WARM INC 6 DICKINSON DRIVE CHADDS FORD, PA 193179689	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DISTRICT NRI FOUNDATION INC 186 MILBURY RD COATESVILLE, PA 193205603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 193300170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 193300170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 193300170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CURE4CAM INC202 FOXTAIL LN DOWNINGTOWN, PA 193351095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP SHANAHAN HIGH SCHOOL 220 WOODBINE ROAD DOWNINGTOWN, PA 193353081	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MOSAIC SA64 E UWCHLAN AVENUE 274 EXTON, PA 193411203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DOWNINGTOWN EAST WRESTLING BOOSTERS 50 DEVON DR EXTON, PA 193411783	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM CMMD FOUNDATION 750 W LINCOLN HWY EXTON, PA 193412547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
BRIDGE OF HOPE INC311 NATIONAL RD EXTON, PA 193412647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
COVENANT MERCIES1 FELLOWSHIP RD GLEN MILLS, PA 193422279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT MERCIES1 FELLOWSHIP RD GLEN MILLS, PA 193422279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
STONE GARAGE115 S UNION ST KENNETT SOUARE, PA 193480436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	659
LONGWOOD GARDENS INCPO BOX 501 KENNETT SQ, PA 193480501	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN ROCKS RESCUE INC 722 CREEK RD KENNETT SQ, PA 193482667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FAMILY LIVES ON FOUNDATION PO BOX 494 LIONVILLE, PA 193530494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MALVERN PREPARATORY SCHOOL 418 S WARREN AVENUE MALVERN, PA 193552707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALVERN PREPARATORY SCHOOL 418 S WARREN AVENUE MALVERN, PA 193552707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
GREAT VALLEY COMMUNITY ORGANIZATION 19 N BACTON HILL RD MALVERN, PA 193551005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
GREAT VALLEY COMMUNITY ORGANIZATION 19 N BACTON HILL RD MALVERN, PA 193551005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAKER INDUSTRIES INC 184 PENNSYLVANIA AVE MALVERN, PA 193552418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY HEMOPHILIA FOUNDA PO BOX 56 POCOPSON, PA 193660056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LITTLE ALL-AMERICAN FOOTBALL ASSOCI PO BOX 1311 WEST CHESTER, PA 193800016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST HIGH SCHOOL BAND BOOSTERS ASSO 450 ELLIS LN W CHESTER, PA 193805123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
EAST HIGH SCHOOL BAND BOOSTERS ASSO 450 ELLIS LN W CHESTER, PA 193805123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHESTER COUNTY COMMUNITY FOUNDATION 28 W MARKET ST WEST CHESTER, PA 193820000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 504 S CONCORD RD WEST CHESTER, PA 193825261	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 504 S CONCORD RD WEST CHESTER, PA 193825261	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
BOY SCOUTS OF AMERICA 504 S CONCORD RD WEST CHESTER, PA 193825261	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTTOWN SCHOOL 975 WESTTOWN RD WEST CHESTER, PA 193825700	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
WESTTOWN-THORNBURY ELEMENTARY SCHOO 750 WESTBOURNE RD WEST CHESTER, PA 193827466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREENMORE FARM ANIMAL RESCUE INC 246 CLONMELL UPLAND RD WEST GROVE, PA 193909016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
PENN CHRISTIAN ACADEMY 50 W GERMANTOWN PIKE NORRISTOWN, PA 194011565	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER PROVIDENCE COMMUNITY LIBRARY 50 PARKLANE DR EAGLEVILLE, PA 194031171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOWER PROVIDENCE COMMUNITY LIBRARY 50 PARKLANE DR EAGLEVILLE, PA 194031171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ANGEL FLIGHT EAST 1501 NARCISSA RD BLUE BELL, PA 194222404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQ STE 210 BLUE BELL, PA 194222725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQ STE 210 BLUE BELL, PA 194222725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIN LINE RESCUE INCPO BOX 89 CHESTER SPRGS, PA 194250089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PHILADELPHIA TELANGANA ASSOCIATION 2427 COPPER CREEK RD CHESTER SPRGS, PA 194253891	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PHILADELPHIA TELANGANA ASSOCIATION 2427 COPPER CREEK RD CHESTER SPRGS, PA 194253891	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEBASTIAN RIDING ASSOCIATES INC 3589 WATER STREET ROAD COLLEGEVILLE, PA 194260000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
URSINUS COLLEGE 601 E MAIN STREET PO BOX 1000 COLLEGEVILLE, PA 194261000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,517
GWYNEDD MERCY ACADEMY HIGH SCHOOL PO BOX 902 1345 SUMNEYTOWN PIKE GWYNEDD VALLEY, PA 194370902	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWYNEDD MERCY UNIVERSITY PO BOX 901 GWYNEDD, PA 194370000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
HORSEWAYS INCPO BOX 545 GWYNEDD VALLEY, PA 194370545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PITCH IN FOR BASEBALL 1565 GEHMAN RD HARLEYSVILLE, PA 194382930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITCH IN FOR BASEBALL 1565 GEHMAN RD HARLEYSVILLE, PA 194382930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAMPHILL VILLAGE KIMBERTON HILLS IN PO BOX 1045 KIMBERTON, PA 194421045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CELI3 COTTONWOOD CT LAFAYETTE HL, PA 194442325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALMOST HOME DOG RESCUE INC 1572 KRIEBEL RD LANSDALE, PA 194464872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIVING BRANCHES FOUNDATION 275 DOCK DR LANSDALE, PA 194466232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY ELEMENTARY HOME AND SCHO 1221 STUMP RD N WALES, PA 194541118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MADLYN AND LEONARD ABRAMSON CENTER 1425 HORSHAM RD NORTH WALES, PA 194541320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPRESSIVE THERAPY CONCEPTS INC 125 PROSPECT ST PHOENIXVILLE, PA 194603424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	641
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HILL SCHOOL860 BEECH STREET POTTSTOWN, PA 194645770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
THE HILL SCHOOL860 BEECH STREET POTTSTOWN, PA 194645770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,100
THE HILL SCHOOL860 BEECH STREET POTTSTOWN, PA 194645770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAILY BREAD COMMUNITY FOOD PANTRY I PO BOX 131 SCHWENKSVILLE, PA 194730131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE FOR KIDS INC129 YERGER RD SCHWENKSVILLE, PA 194731709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAMP RAINBOW INCPO BOX 139 SKIPPACK, PA 194740139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWOOD CORPORATION 3205 SKIPPACK PIKE WORCESTER, PA 194900000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAWK MOUNTAIN SANCTUARY ASSOCIATION 1700 HAWK MOUNTAIN RD KEMPTON, PA 195299379	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL RESCUE LEAGUE OF BERKS COUNT PO BOX 69 MOHNTON, PA 195400069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BERKS COUNT PO BOX 69 MOHNTON, PA 195400069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WERNERSVILLE PUBLIC LIBRARY ASSOCIA 100 N REBER ST WERNERSVILLE, PA 195652131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WERNERSVILLE PUBLIC LIBRARY ASSOCIA 100 N REBER ST WERNERSVILLE, PA 195652131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHANY CHILDRENS HOME INC 1863 BETHANY RD WOMELSDORF, PA 195679214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PUBLIC LIBRARY FOUNDATION 100 S 5TH ST READING, PA 196021602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
PROSPECTUS ASSOCIATES INC 840 WILLIAM LN READING, PA 196040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
PROSPECTUS ASSOCIATES INC 840 WILLIAM LN READING, PA 196040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXETER WRESTLING PARENTS CLUB 19 HAYDEN CICLE READING, PA 196060000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALVERNIA UNIVERSITY 400 SAINT BERNARDINE ST READING, PA 196071737	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
ALVERNIA UNIVERSITY 400 SAINT BERNARDINE ST READING, PA 196071737	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CATHOLIC CONFERENCE 1092 WELSH RD SHILLINGTON, PA 196079363	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	416
UNITED STATES CATHOLIC CONFERENCE 1092 WELSH RD SHILLINGTON, PA 196079363	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
GREEN VALLEY ELEMENTARY SCHOOL H S 270 GREEN VALLEY RD SINKING SPG, PA 196089741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS LOYOLA REGIONAL SCHOOL 2700 SAINT ALBANS DRIVE WEST LAWN, PA 196091134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,145
LAURENS FOUNDATION INC 1114 FAIRVIEW AVE WYOMISSING, PA 196102043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF READING PA 1520 PENN AVE WYOMISSING, PA 196102136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER SUPPORT SERVICES OF B 529 READING AVE STE C WEST READING, PA 196111075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WEST READING COMMUNITY REVITALIZATI 500 CHESTNUT ST WEST READING, PA 196111452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OLIVET BOYS AND GIRLS CLUB OF READI 1161 PERSHING BLVD READING, PA 196111701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING BUCCANEERS INC PO BOX 13032 READING, PA 196123032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	315
ALBRIGHT COLLEGEPO BOX 15234 READING, PA 196125234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ARISING MINISTRIESPO BOX 658 BEAR, DE 197010658	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTAWAY CATS4 CHRISTINA CT BEAR, DE 197011011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
3B BRAES BROWN BAG FOUNDATION 950 RUE MADORA BEAR, DE 197012575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	664
DELISLE K-9 OFFICER SAFETY FOUNDATI 156 CORNWELL DR BEAR, DE 197013102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARITY CROSSING INC2 PEAR DR BEAR, DE 197014134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADER (HENRY M) ELEMENTARY SCHOOL 350 FOUR SEASONS PARKWAY NEWARK, DE 197022326	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SHIRDI SAI OF DELAWARE INC 1639 OLD BALTIMORE PIKE NEWARK, DE 197022010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,063
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELAWARE FINANCIAL LITERACY INSTITU 3301 GREEN ST CLAYMONT, DE 197032052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE COMMUNITY RESOURCE COUNC 3301 GREEN ST CLAYMONT, DE 197032052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DELAWARE CITY FIRE CO NUMBER ONE IN PO BOX 251 DELAWARE CITY, DE 197060251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SANFORD SCHOOL 6900 LANCASTER PIKE HOCKESSIN, DE 197070888	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULU PROJECT INC123 DANTES DR HOCKESSIN, DE 197072201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
GULU PROJECT INC123 DANTES DR HOCKESSIN, DE 197072201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
FAMILY PROMISE OF NORTHERN NEW CAST 2033 GRAVES RD HOCKESSIN, DE 197079128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE AMERICAN COMMUNITY CENTER I 1313 LITTLE BALTIMORE RD HOCKESSIN, DE 197079701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 197091621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 197091621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDAR LANE ELEMENTARY SCHOOL 1259 CEDAR LANE ROAD MIDDLETOWN, DE 197099636	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
MIDDLETOWN HIGH SCHOOL BAND BOOSTER 120 SILVER LAKE RD MIDDLETOWN, DE 197091225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST ANDREWS SCHOOL OF DELAWARE INC 350 NOXONTOWN RD MIDDLETOWN, DE 197091621	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOT CHARTER SCHOOL PTO 1156 LEVELS RD MIDDLETOWN, DE 197097700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DOWNES (JOHN R) ELEMENTARY SCHOOL 220 CASHO MILL ROAD NEWARK, DE 197112699	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	115
FOREST OAK ELEMENTARY SCHOOL 55 SOUTH MEADOWOOD DRIVE NEWARK, DE 197116756	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA DELAWARE CONGRESS 220 CASHO MILL RD NEWARK, DE 197110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELAWARE ALLIANCE FOR ANIMAL WELFAR 725 COLGATE LN NEWARK, DE 197113131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
INDEPENDENCE SCHOOL INC 1300 PAPER MILL RD NEWARK, DE 197113408	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,276
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE LIBRARY ASSO 83 E MAIN ST FLOOR 3 NEWARK, DE 197160000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	598
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 197161900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF DELAWARE 413 ACADEMY ST ROOM 250 NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
SERVIAM GIRLS ACADEMY INC 14 HALCYON DRIVE NEW CASTLE, DE 197200000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVIAM GIRLS ACADEMY INC 14 HALCYON DRIVE NEW CASTLE, DE 197200000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
HOLLOWAY TERRACE VOLUNTEER FIRE COM PO BOX 684 NEW CASTLE, DE 197200684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLLOWAY TERRACE VOLUNTEER FIRE COM PO BOX 684 NEW CASTLE, DE 197200684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,335
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,977
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	843
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CASTLE LIBRARY COMMISSION 424 DELAWARE ST NEW CASTLE, DE 197205040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE GOOD-WILL FIRE COMPANY NO 1 OF 401 SOUTH ST NEW CASTLE, DE 197205056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORBIT CALLOWAY MEMORIAL LIBRARY PO BOX 128 ODESSA, DE 197300000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE WILD LANDS INC 350 PO BOX 505 ODESSA, DE 197300505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR THE THERAPEUTIC AND EDUC 3491 HARRIS RD TOWNSEND, DE 197349383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
NEIGHBORHOOD HOUSE INC 1218 B STREET WILMINGTON, DE 198010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIAD MINISTRY INC1108 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE FUTURES INC 1104 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
THE JEFFERSON AWARDS FOR PUBLIC SER 100 W 10TH ST STE 1005 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FIRST STATE COMMUNITY LOAN FUND 100 WEST 10TH STREET SUITE 300 WILMINGTON, DE 198011652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WDBID MANAGEMENT COMPANY 409 N ORANGE ST WILMINGTON, DE 198012218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
WDBID MANAGEMENT COMPANY 409 N ORANGE ST WILMINGTON, DE 198012218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
WDBID MANAGEMENT COMPANY 409 N ORANGE ST WILMINGTON, DE 198012218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
CHRISTINA CULTURAL ARTS CENTER INC 705 N MARKET ST WILMINGTON, DE 198013008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FIRST STATE MONTESSORI ACADEMY INC 1000 N FRENCH ST WILMINGTON, DE 198013331	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STATE MONTESSORI ACADEMY INC 1000 N FRENCH ST WILMINGTON, DE 198013331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
CITYFEST INC800 FRENCH STREET WILMINGTON, DE 198013590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CITYFEST INC800 FRENCH STREET WILMINGTON, DE 198013590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON HOUSING PARTNERSHIP CORP 800 N FRENCH ST FL 7 WILMINGTON, DE 198013590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
CHALLENGE PROGRAM1124 E 7TH ST WILMINGTON, DE 198014502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
DELAWARE BUSINESS ROUNDTABLE EDUCAT 100 WEST 10TH STREET SUITE 704 WILMINGTON, DE 198015015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DELAWARE CHILDRENS MUSEUM INC 550 JUSTISON ST WILMINGTON, DE 198015142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE DELAWARE CHILDRENS MUSEUM INC 550 JUSTISON ST WILMINGTON, DE 198015142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SUMMER LEARNING COLLABORATIVE 1313 N MARKET STREET STE 1150 NW WILMINGTON, DE 198016101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
WILMINGTON LEADERS ALLIANCE INC 1201 N MARKET ST SUITE 400 WILMINGTON, DE 198016113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA DELAWARE INC 100 W 10TH ST SUITE 515 WILMINGTON, DE 198016612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
URBANPROMISE MINISTRIES WILMINGTON 2401 THATCHER STREET WILMINGTON, DE 198020000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
GOODWILL INDUSTRIES OF DELAWARE & D 300 E LEA BLVD WILMINGTON, DE 198022354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY CENTER INCORPORATED 3030 BOWERS ST WILMINGTON, DE 198022405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,055
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	745
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTING KIDDS INC 2005 BAYNARD BLVD WILMINGTON, DE 198023917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUPPORTING KIDDS INC 2005 BAYNARD BLVD WILMINGTON, DE 198023917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEHEMIAH GATEWAY COMMUNITY DEVELOPE 201 W 23RD ST WILMINGTON, DE 198024125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGSWOOD COMMUNITY CENTER INC 2300 BOWERS ST WILMINGTON, DE 198024610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR LEAGUE OF WILMINGTON INC 1801 N MARKET ST WILMINGTON, DE 198024810	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON ST WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELAWARE SHAKESPEARE FESTIVAL INC PO BOX 7567 WILMINGTON, DE 198030567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
DELAWARE SHAKESPEARE FESTIVAL INC PO BOX 7567 WILMINGTON, DE 198030567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONRAD SCHOOLS OF SCIENCE 201 JACKSON AVENUE WILMINGTON, DE 198042199	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,050
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,825
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,420
FIVE POINTS FIRE CO NO 1 209 S MARYLAND AVE WILMINGTON, DE 198041362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT ROWING CLUB 301 HARVEY DRIVE NEWPORT, DE 198042444	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
EPILEPSY FOUNDATION OF DELAWARE 240 N JAMES ST STE 104 NEWPORT, DE 198043167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOVA COMMUNITY HEALTH INC 213 GREENHILL AVENUE SUITE B WILMINGTON, DE 198051844	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CORNERSTONE WEST COMMUNITY DEVELOPM 710 N LINCOLN STREET WILMINGTON, DE 198053016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE ON MENTAL ILLNESS 2400 W 4TH ST WILMINGTON, DE 198053306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL ALLIANCE ON MENTAL ILLNESS 2400 W 4TH ST WILMINGTON, DE 198053306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION ST WILMINGTON, DE 198053852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	302
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION ST WILMINGTON, DE 198053852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION ST WILMINGTON, DE 198053852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,805
URSULINE ACADEMY (PK-12) 1106 PENNSYLVANIA AVENUE WILMINGTON, DE 198064307	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY (PK-12) 1106 PENNSYLVANIA AVENUE WILMINGTON, DE 198064307	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
LEADERSHIP DELAWARE INC 1207 DELAWARE AVENUE WILMINGTON, DE 198060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ART MUSEUM 2301 KENTMERE PKWY WILMINGTON, DE 198062019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
DELAWARE ART MUSEUM 2301 KENTMERE PKWY WILMINGTON, DE 198062019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	186
DELAWARE CENTER FOR HORTICULTURE IN 1810 N DUPONT ST WILMINGTON, DE 198063308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EVAN DAVID FOUNDATION INC PO BOX 4156 WILMINGTON, DE 198070156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	413
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CANCER SUPPORT COMMUNITY DELAWARE I 4810 LANCASTER PIKE WILMINGTON, DE 198072516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CANCER SUPPORT COMMUNITY DELAWARE I 4810 LANCASTER PIKE WILMINGTON, DE 198072516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SUPPORT COMMUNITY DELAWARE I 4810 LANCASTER PIKE WILMINGTON, DE 198072516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
SKYLINE MIDDLE SCHOOL 2900 SKYLINE DRIVE WILMINGTON, DE 198082800	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYLINE MIDDLE SCHOOL 2900 SKYLINE DRIVE WILMINGTON, DE 198082800	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NATIONAL ORGANIZATION OF MOTHERS OF PO BOX 5626 WILMINGTON, DE 198080626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNITED CEREBRAL PALSY OF DELAWARE I 700A RIVER RD WILMINGTON, DE 198092746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE FAMILY VOICES INC 222 PHILADELPHIA PIKE STE 11 WILMINGTON, DE 198093166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST EDMONDS ACADEMY INC 2120 VEALE RD WILMINGTON, DE 198104133	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP HOUSE INCPO BOX 1517 WILMINGTON, DE 198991517	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CATHOLIC DIOCESE OF WILMINGTON 1925 DELAWARE AVENUE WILMINGTON, DE 198992030	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
DELAWARE AGRICULTURAL MUSEUM ASSOCI 866 N DUPONT HWY DOVER, DE 199012003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGDOM CHRISTIAN ACADEMY INC 4867 N DUPONT HWY DOVER, DE 199012348	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
BE EDUCATED MOVEMENT INC 12 PORCHER ST DOVER, DE 199015281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
GRACE FOR DOVER GRACE FOR DOVER DBA ARISE DE DOVER, DE 199030862	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE FOR DOVER GRACE FOR DOVER DBA ARISE DE DOVER, DE 199030862	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN ST DOVER, DE 199041383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
NATIONAL COUNCIL ON AGRICULTURAL LI 363 SAULSBURY ROAD DOVER, DE 199042722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CENDEL FOUNDATION 101 W LOOCKERMAN ST STE B DOVER, DE 199047325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CENDEL FOUNDATION 101 W LOOCKERMAN ST STE B DOVER, DE 199047325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 199472321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BEEBE MEDICAL FOUNDATION 902 SAVANNAH RD LEWES, DE 199581511	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MILFORD HOUSING DEVELOPMENT CORPERA 977 E MASTEN CIR MILFORD, DE 199631085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN VIEW HISTORICAL SOCIETY PO BOX 576 OCEAN VIEW, DE 199700576	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REHOBOTH BEACH VOLUNTEER FIRE CO IN PO BOX 327 REHOBOTH BCH, DE 199710327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CITIZENS HOSE COMPANY NO 1 PO BOX 97 SMYRNA, DE 199770097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMYRNA-CLAYTON HERITAGE ASSOCIATION PO BOX 611 SMYRNA, DE 199770611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SMYRNA HIGH BAND BOOSTERS INC PO BOX 673 SMYRNA, DE 199770673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COMMON GOOD CITY FARM PO BOX 26030 WASHINGTON, DC 200010030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS DEFENSE FUND25 E ST NW WASHINGTON, DC 200011522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AFRICARE440 R ST NW WASHINGTON, DC 200011935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALASKA WILDERNESS LEAGUE 122 C ST NW STE 240 WASHINGTON, DC 200012109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALASKA WILDERNESS LEAGUE 122 C ST NW STE 240 WASHINGTON, DC 200012109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CITIZENS FOR RESPONSIBILITY AND ETH 455 MASSACHUSETTS AVE NW STE 600 WASHINGTON, DC 200012774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
HOWARD UNIVERSITY 2225 GEORGIA AVE NW STE 601 WASHINGTON, DC 200013001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAD FOR THE CITY INC 1525 SEVENTH ST NW WASHINGTON, DC 200013201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BREAD FOR THE CITY INC 1525 SEVENTH ST NW WASHINGTON, DC 200013201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HILLEL THE FOUNDATION FOR JEWISH CA 800 8TH ST NW WASHINGTON, DC 200013724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALLIANCE FOR CLIMATE PROTECTION 750 9TH ST NW STE 520 WASHINGTON, DC 200014540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN PSYCHOLOGICAL FOUNDATION I 750 FIRST STREET NE WASHINGTON, DC 200020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN PSYCHOLOGICAL FOUNDATION I 750 FIRST STREET NE WASHINGTON, DC 200020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD REINVESTMENT CORP 999 N CAPITOL ST NE STE 900 WASHINGTON, DC 200024684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450,000
CONGRESSIONAL SPORTSMENS FOUNDATION 110 N CAROLINA AVE SE WASHINGTON, DC 200031841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROBERT BRENT PARENT TEACHER ASSOCIA 301 N CAROLINA AVE SE WASHINGTON, DC 200032004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CAIR FOUNDATION INC 50 E ST SE RM 301 WASHINGTON, DC 200032620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DC JAZZ FESTIVAL 515 M ST SE STE 102-B WASHINGTON, DC 200033457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BOOK1319 F STREET NW WASHINGTON, DC 200041106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
US NAVY MEMORIAL FOUNDATION 701 PENNSYLVANIA AVE NW STE 123 WASHINGTON, DC 200042688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
US NAVY MEMORIAL FOUNDATION 701 PENNSYLVANIA AVE NW STE 123 WASHINGTON, DC 200042688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAGAINSTALZHEIMERS 1101 K STREET NEW SUITE 400 WASHINGTON, DC 200050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
USAGAINSTALZHEIMERS 1101 K STREET NEW SUITE 400 WASHINGTON, DC 200050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
USAGAINSTALZHEIMERS 1101 K STREET NEW SUITE 400 WASHINGTON, DC 200050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAGAINSTALZHEIMERS 1101 K STREET NEW SUITE 400 WASHINGTON, DC 200050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 200051269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 200051269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUSINESS EXECUTIVES FOR NATIONAL SE 1030 15TH STREET NW STE 200 E WASHINGTON, DC 200051503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ATLANTIC COUNCIL OF THE U S INC 1030 15TH STREET NW 12TH FLOOR WASHINGTON, DC 200051503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTER FOR NEW AMERICAN SECURITY IN 1152 15TH ST NW STE 950 WASHINGTON, DC 200051740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE INSTITUTION OF WASHINGTON 1530 P ST NW WASHINGTON, DC 200051910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE NATIONAL ORGANIZATION FOR WOMEN 1100 H STREET NW SUITE 300 WASHINGTON, DC 200052112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL LOW INCOME HOUSING COALITI 1000 VERMONT AVENUE NW SUITE 500 WASHINGTON, DC 200052168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FUND 915 15TH ST NW 2ND FLOOR WASHINGTON, DC 200052302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WASHINGTON PERFORMING ARTS SOCIETY 1400 K ST NW STE 500 WASHINGTON, DC 200052422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREATER WASHINGTON COMMUNITY FOUNDA 1325 G ST NW STE 480 WASHINGTON, DC 200053121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 200053563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
PLANNED PARENTHOOD FEDERATION OF 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 200053563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,435
PLANNED PARENTHOOD FEDERATION OF 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 200053563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	695
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 200053563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD FEDERATION OF 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 200053563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE NW STE 600 WASHINGTON, DC 200054171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
CENTER FOR RESPONSIVE POLITICS 1300 L ST NW STE 200 WASHINGTON, DC 200054181	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
KIND INC1300 L ST NW STE 1100 WASHINGTON, DC 200054183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIND INC1300 L ST NW STE 1100 WASHINGTON, DC 200054183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMPETITIVE ENTERPRISE INSTITUTE 1310 L STREET NW 7TH FL WASHINGTON, DC 200054383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SYRIAN AMERICAN MEDICAL SOCIETY FOU 1012 14TH ST NW STE 1500 WASHINGTON, DC 200054393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRIAN AMERICAN MEDICAL SOCIETY FOU 1012 14TH ST NW STE 1500 WASHINGTON, DC 200054393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LINKS FOUNDATION INC 1200 MASSACHUSETTS AVE NW WASHINGTON, DC 200054501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LEGAL AID SOCIETY OF THE DISTRICT O 1331 H ST NW STE 350 WASHINGTON, DC 200054748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF WOMEN VOTERS OF THE DISTR 1101 15TH STREET NW WASHINGTON, DC 200055002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAPITAL AREA ASSET BUILDING CORPORA 1100 H ST NW STE 200 WASHINGTON, DC 200055952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPITAL AREA ASSET BUILDING CORPORA 1100 H ST NW STE 200 WASHINGTON, DC 200055952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIOR FOUNDATION 1201 NEW YORK AVE NW STE 350 WASHINGTON, DC 200056126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K ST NW STE 250 WASHINGTON, DC 200056822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUIPMENT LEASING AND FINANCE FOUND 1625 EYE STREET NW SUITE 850 WASHINGTON, DC 200061202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HINDU AMERICAN FOUNDATION 910 17TH ST NW STE 316A WASHINGTON, DC 200062636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEAGUE OF AMERICAN WHEELMEN INC 1612 K ST NW STE 1102 WASHINGTON, DC 200062830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF AMERICAN WHEELMEN INC 1612 K ST NW STE 1102 WASHINGTON, DC 200062830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	401
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,239
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 200065303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 200065303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,665
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 200065303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FIELD SCHOOL 2301 FOXHALL ROAD NW WASHINGTON, DC 200071147	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ST PATRICKS EPISCOPAL CHURCH 4700 WHITEHAVEN PKWY NW WASHINGTON, DC 200071554	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,900
EAST COAST CORGI RESCUE 2428 39TH ST NW WASHINGTON, DC 200071703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	231
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 3604 O ST NW WASHINGTON, DC 200072615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 3604 O ST NW WASHINGTON, DC 200072615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 3604 O ST NW WASHINGTON, DC 200072615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY TRINITY CHURCH3513 N ST NW WASHINGTON, DC 200072630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	607
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CONSERVATION CAUCUS F 1200 POTOMAC ST NW WASHINGTON, DC 200073211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
SHARED HORIZONS INC 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 200082304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
KABOOM INC 4301 CONNECTICUT AVE NW SUITE ML-1 WASHINGTON, DC 200082324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILD RESEARCH CENTER 3209 HIGHLAND PL NW WASHINGTON, DC 200083232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
JOHN EATON HOME AND SCHOOL ASSOCIAT 3301 LOWELL ST NW WASHINGTON, DC 200083314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
MARET SCHOOL INC 3000 CATHEDRAL AVE NW WASHINGTON, DC 200083407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARET SCHOOL INC 3000 CATHEDRAL AVE NW WASHINGTON, DC 200083407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MARET SCHOOL INC 3000 CATHEDRAL AVE NW WASHINGTON, DC 200083407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,673
SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVE NW WASHINGTON, DC 200083640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVE NW WASHINGTON, DC 200083640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVE NW WASHINGTON, DC 200083640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
LEVINE MUSIC INC2801 UPTON ST NW WASHINGTON, DC 200083829	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEVINE MUSIC INC2801 UPTON ST NW WASHINGTON, DC 200083829	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
KIDS CORNER DAY CARE CENTER 2200 CALIFORNIA ST NW WASHINGTON, DC 200083902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GERMAN MARSHALL FUND OF THE US 1744 R ST NW WASHINGTON, DC 200092410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA RESEARCH AND EDUCATIONAL FOUN 1703 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 200092501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DELTA RESEARCH AND EDUCATIONAL FOUN 1703 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 200092501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DELTA RESEARCH AND EDUCATIONAL FOUN 1707 NEW HAMPSHIRE AVE NW WASHINGTON, DC 200092501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FUND FOR AMERICAN STUDIES 1706 NH AVE NW WASHINGTON, DC 200092502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUBILEE HOUSING INC 1640 COLUMBIA RD NW WASHINGTON, DC 200092854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CLINICA DEL PUEBLO INC 2831 15TH ST NW WASHINGTON, DC 200094607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL ITALIAN AMERICAN FOUNDATIO 1860 19TH ST NW WASHINGTON, DC 200095501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVE NW FL 10 WASHINGTON, DC 200096046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 200102916	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST NW WASHINGTON, DC 200111713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,900
MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST NW WASHINGTON, DC 200111713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST NW WASHINGTON, DC 200111713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PEARL AND IVY EDUCATIONAL FOUNDATIO 4411 14TH ST NW WASHINGTON, DC 200117019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PEARL AND IVY EDUCATIONAL FOUNDATIO 4411 14TH ST NW WASHINGTON, DC 200117019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWELL SCHOOL 1640 KALMIA ROAD NW WASHINGTON, DC 200121126	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SHEPHERD ELEMENTARY SCHOOL PARENTS 7800 14TH ST NW WASHINGTON, DC 200121464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
SMITHSONIAN INSTITUTE 1000 JEFFERSON DRIVE SW 4TH FL WASHINGTON, DC 200137012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE PO BOX 37012 WASHINGTON, DC 200137012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHORAL ARTS SOCIETY OF WASHINGTON 5225 WISCONSIN AVENUE NW SUITE 603 WASHINGTON, DC 200152014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
THE WASHINGTON HOME & COMMUNITY HOS 3720 UPTON ST NW WASHINGTON, DC 200162299	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD NW WASHINGTON, DC 200162633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HORACE MANN ELEMENTARY SCHOOL PTA 45TH NEWARK STREET NW WASHINGTON, DC 200162726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HORACE MANN ELEMENTARY SCHOOL PTA 45TH NEWARK STREET NW WASHINGTON, DC 200162726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PCRM FOUNDATION 5100 WISCONSIN AVE NW STE 400 WASHINGTON, DC 200164131	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
INCLUSION ZONE INC 4940 BUTTERWORTH PL NW WASHINGTON, DC 200164354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN UNIVERSITY 4401 MASSACHUSETTS AVE NW WASHINGTON, DC 200168082	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	244
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4401 MASSACHUSETTS AVE NW WASHINGTON, DC 200168082	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION OVER KILLING INC PO BOX 9773 WASHINGTON, DC 200169773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 200172145	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	155
LITTLE SISTERS OF THE POOR OF WASHI 4200 HAREWOOD RD NE WASHINGTON, DC 200171511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANK R WILLIAMS SCHOLARSHIP FUND 2725 31ST PL NE WASHINGTON, DC 200181602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DAVIS MEMORIAL GOODWILL INDUSTRIES 2200 SOUTH DAKOTA AVENUE NE WASHINGTON, DC 200181607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
I AM WE ARE3802 E CAPITOL ST NE WASHINGTON, DC 200193370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDING BRIDGES ACROSS THE RIVER 1901 MISSISSIPPI AVE SE WASHINGTON, DC 200206117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BUILDING BRIDGES ACROSS THE RIVER 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 200206117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
CALVARY WOMENS SERVICES INC 1217 GOOD HOPE RD SE WASHINGTON, DC 200206907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DC AMVETS DEPARTMENT SERVICE FOUNDA PO BOX 70261 WASHINGTON, DC 200240261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	297
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	568
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	186
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STUDENT-ATHLETES ORGANIZED TO UNDER 744 6TH ST SW APT 211 WASHINGTON, DC 200242742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
J STREET EDUCATION FUND INC PO BOX 66073 WASHINGTON, DC 200356073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	480
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
MATHEMATICAL ASSOCIATION OF AMERICA 1529 18TH ST NW WASHINGTON, DC 200361358	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CAPITAL RESEARCH CENTER 1513 16TH ST NW WASHINGTON, DC 200361401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 200361408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
POPULATION ACTION INTERNATIONAL 1300 19TH ST NW 2ND FLR WASHINGTON, DC 200361609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 200362103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 200362103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
NEW VENTURE FUND 1201 CONNECTICUT AVE NW - STE 300 WASHINGTON, DC 200362605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,100
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH WOMEN INTERNATIONAL 1129 20TH ST NW STE 801 WASHINGTON, DC 200363307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
AMERICAN BANKERS ASSOCIATION COMMUN 1120 CONNECTICUT AVE NW WASHINGTON, DC 200363902	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,372
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF WOMEN VOTERS EDUCATION FU 1730 M ST NW STE 1000 WASHINGTON, DC 200364507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
LEAGUE OF WOMEN VOTERS EDUCATION FU 1730 M ST NW STE 1000 WASHINGTON, DC 200364507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 200364701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 200364701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	975
HOLY FAMILY HOSPITAL OF BETHLEHEM F 2000 P ST NW STE 310 WASHINGTON, DC 200366923	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,599
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,720
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,781
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,558
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,338
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ISRAEL FUND 2100 M ST NW STE 619 WASHINGTON, DC 200371269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
THE HUMANE SOCIETY WILDLIFE LAND TR 2100 L ST NW WASHINGTON, DC 200371525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMIGOS OF COSTA RICA INC 2101 L STREET NW SUITE 800 WASHINGTON, DC 200371526	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
GEORGE WASHINGTON UNIVERSITY HOSPIT 900 23RD ST NW WASHINGTON, DC 200372342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
MIRIAMS KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 200372637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPR FOUNDATIONDEPT 6054 WASHINGTON, DC 200426054	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GEORGE WASHINGTON UNIVERSITY 2100 M ST NW STE 310 WASHINGTON, DC 200520001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LACROSSE THE NATIONSPO BOX 73125 WASHINGTON, DC 200563125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOWARD UNIVERSITY 2244 10TH STREET NW SUITE 402 WASHINGTON, DC 200590001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MAKE- A- WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 200777380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,910
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
ALZHEIMERS DISEASE AND RELATED DISO PO BOX 96011 WASHINGTON, DC 200906011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,060
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO PO BOX 96011 WASHINGTON, DC 200906011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO PO BOX 96011 WASHINGTON, DC 200906011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO PO BOX 96011 WASHINGTON, DC 200906011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON HUMANE SOCIETY THE SOCIE ATTENTION DEVELOPMENT PO BOX 96312 WASHINGTON, DC 200906312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 200906763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRAD KAMINSKY FOUNDATION 20227 CATLETT PL ASHBURN, VA 201473303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAD KAMINSKY FOUNDATION 20227 CATLETT PL ASHBURN, VA 201473303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE STE 260 ASHBURN, VA 201474191	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,305
WOMEN GIVING BACK INC 20 EXPORT DR STERLING, VA 201644421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM ALLIANCE 22570 MARKEY COURT SUITE 240 DULLES, VA 201666915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TOUCHING HEART 13286 HOLLY MEADOW LN HERNDON, VA 201713839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HIGHER ORBITS FOUNDATION PO BOX 4092 LEESBURG, VA 201778247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINFOREST TRUST7078 AIRLIE RD WARRENTON, VA 201877106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
RAINFOREST TRUST7078 AIRLIE RD WARRENTON, VA 201877106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
CORNERSTONES INC 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 201905360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 201905361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CHILDREN OF FALLEN PATRIOTS FOUNDAT 1818 LIBRARY ST STE 500 RESTON, VA 201906274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG AMERICAS FOUNDATION 11480 COMMERCE PARK DR STE 600 RESTON, VA 201911556	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NRIVA INCPO BOX 2492 RESTON, VA 201950492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WATERFORD FOUNDATION INC PO BOX 142 WATERFORD, VA 201970142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WILD OCEANS INCPO BOX 258 WATERFORD, VA 201970258	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,643
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUTH BIBLE CHURCH 24404 THREE NOTCH RD HOLLYWOOD, MD 206362704	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARYS RYKEN INC 22600 CAMP CALVERT RD LEONARDTOWN, MD 206504705	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHRISTMAS IN APRIL ST MARYS COUNTY 28231 THREE NOTCH RD MECHANICSVILLE, MD 206593298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF CALVERT INC PO BOX 560 PRINCE FREDERICK, MD 206780560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ALUMNI ASSOCIATION OF ST MARYS COLL 18952 E FISHER RD ST MARYS CITY, MD 206863002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALUMNI ASSOCIATION OF ST MARYS COLL 18952 E FISHER RD ST MARYS CITY, MD 206863002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS COLLEGE OF MARYLAND FOUNDA 18952 E FISHER RD ST MARYS CITY, MD 206863002	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
BLOSSOMS OF GUYANA 9023 WALKERTON DR LANHAM, MD 207061964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CALMRA INC - CHRISTIAN ASSISTED LIV 14100 LAUREL PARK DR LAUREL, MD 207075216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH SETON HIGH SCHOOL UNITED 5715 EMERSON STREET BLADENSBURG, MD 207101844	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
PRINCE GEORGES COMMUNITY COLLEGE FO 301 LARGO ROAD A312 LARGO, MD 207742109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMUNITY ADVOCATES FOR FAMILY & YO 9201 BASIL COURT SUITE 160 UPPER MARLBORO, MD 207745461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNS CENTER FOR CHILDREN YOUTH A 4901 EASTERN AVE HYATTSVILLE, MD 207823301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST ANNS CENTER FOR CHILDREN YOUTH A 4901 EASTERN AVE HYATTSVILLE, MD 207823301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 207852237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
ASTHMA & ALLERGY FOUNDATION OF AMER 8201 CORPORATE DR STE 1000 LANDOVER, MD 207852266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASTHMA & ALLERGY FOUNDATION OF AMER 8201 CORPORATE DR STE 1000 LANDOVER, MD 207852266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STONE RIDGE SCHOOL OF THE SACRED HE 9101 ROCKVILLE PIKE BETHESDA, MD 208143811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
STONE RIDGE SCHOOL OF THE SACRED HE 9101 ROCKVILLE PIKE BETHESDA, MD 208143811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUBURBAN HOSPITAL FOUNDATION INC 8600 OLD GEORGETOWN RD BETHESDA, MD 208141422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
SUBURBAN HOSPITAL FOUNDATION INC 8600 OLD GEORGETOWN RD BETHESDA, MD 208141422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,929
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	356
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOW RIBBON FUND INC 4905 DEL RAY AVE STE 500 BETHESDA, MD 208142556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,510
HOPE CONNECTIONS FOR CANCER SUPPORT 9650 ROCKVILLE PIKE BETHESDA, MD 208143999	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOPE CONNECTIONS FOR CANCER SUPPORT 9650 ROCKVILLE PIKE BETHESDA, MD 208143999	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES RENWICK ALLIANCE 4405 E WEST HWY STE 510 BETHESDA, MD 208144536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CYSTIC FIBROSIS FOUNDATION THERAPEU 6931 ARLINGTON RD STE 200 BETHESDA, MD 208145269	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CONCORD HILL SCHOOL 6050 WISCONSIN AVE CHEVY CHASE, MD 208155404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD EARTH ALLIES INC 2 WISCONSIN CIR STE 900 CHEVY CHASE, MD 208157037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WASHINGTON WALDORF SCHOOL INC 4800 SANGAMORE RD BETHESDA, MD 208163501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,800
WASHINGTON WALDORF SCHOOL INC 4800 SANGAMORE RD BETHESDA, MD 208163501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDON SCHOOL6101 WILSON LANE BETHESDA, MD 208173199	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
MICHAEL MOSIER DEFEAT DIPG FOUNDATI PO BOX 34277 BETHESDA, MD 208270277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JUST TRYAN IT INCPO BOX 34589 BETHESDA, MD 208270589	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST TRYAN IT INCPO BOX 34589 BETHESDA, MD 208270589	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
THYCA THYROID CANCER SURVIVORS ASSO PO BOX 1102 OLNEY, MD 208301102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OLNEY THEATRE CORPORATION 2001 OLNEY SANDY SPRING RD OLNEY, MD 208321601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERO DOGS INCPO BOX 64 BROOKEVILLE, MD 208330064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	415
POPLAR SPRING ANIMAL SANCTUARY INC PO BOX 507 POOLESVILLE, MD 208370507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POPLAR SPRING ANIMAL SANCTUARY INC PO BOX 507 POOLESVILLE, MD 208370507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOURISH NOW FOUNDATION INC 1111 TAFT ST ROCKVILLE, MD 208500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN COLLEGE DANCE ASSOCIATION 326 N STONESTREET AVE STE 204 ROCKVILLE, MD 208501606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MONTGOMERY COUNTY PUBLIC SCHOOLS ED 850 HUNGERFORD DR STE 149 ROCKVILLE, MD 208501718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COUNTY PUBLIC SCHOOLS ED 850 HUNGERFORD DR STE 149 ROCKVILLE, MD 208501718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,605
MONTGOMERY COUNTY PUBLIC SCHOOLS ED 850 HUNGERFORD DR STE 149 ROCKVILLE, MD 208501718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,156
MONTGOMERY COLLEGE FOUNDATION INC 900 HUNGERFORD DR STE 330 ROCKVILLE, MD 208501740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 208523209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 208523209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 208523209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS FOR THE AGING-MARYLAND INC 12320 PARKLAWN DR ROCKVILLE, MD 208521726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARC OF MONTGOMERY COUNTY INC 11600 NEBEL STREET ROCKVILLE, MD 208522538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,394
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIA DEVELOPMENT AND RELIEF FUND I 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 208523238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,815
INDIA DEVELOPMENT AND RELIEF FUND I 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 208523238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEBREW HOME OF GREATER WASHINGTON I 6121 MONTROSE RD ROCKVILLE, MD 208524803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEWISH FEDERATION OF GREATER WA 6101 EXECUTIVE BLVD SUITE 100 NORTH BETHESDA, MD 208524816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
GERMAN SCHOOL WASHINGTON DC 8617 CHATEAU DRIVE POTOMAC, MD 208544599	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
BULLIS SCHOOL INC10601 FALLS ROAD POTOMAC, MD 208540000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CIRCLE INC 11621 SEVEN LOCKS RD POTOMAC, MD 208543201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MUSKAAN INDIA INC 9918 WOODFORD RD POTOMAC, MD 208545035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MISSION TO HEAL16618 KIPLING RD DERWOOD, MD 208551931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES INTERNATIONAL I 15810 INDIANOLA DRIVE ROCKVILLE, MD 208552674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
WINSTON CHURCHILL HIGH SCHOOL EDUCA PO BOX 60673 POTOMAC, MD 208590673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAVE A CHILDS HEART FOUNDATION US I PO BOX 59172 POTOMAC, MD 208599172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY SPRING FRIENDS SCHOOL 16923 NORWOOD RD SANDY SPRING, MD 208601112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,100
SANDY SPRING FRIENDS SCHOOL 16923 NORWOOD RD SANDY SPRING, MD 208601112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	135
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARY OF NAZARETH ROMAN CATHOLIC ELE 14131 SENECA RD DARNESTOWN, MD 208743337	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 208793418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 208793418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE WITH A HEART PET SANCTUARY 6409 STREAM VALLEY WAY LAYTONSVILLE, MD 208821269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOLY REDEEMER CATHOLIC ELEMENTARY S 9715 SUMMIT AVENUE KENSINGTON, MD 208953649	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,859
ACADEMY OF THE HOLY CROSS 4920 STRATHMORE AVENUE KENSINGTON, MD 208951207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF THE HOLY CROSS 4920 STRATHMORE AVENUE KENSINGTON, MD 208951207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC COALITION FOR SPECIAL EDUC 10400 CONNECTICUT AVE STE 603 KENSINGTON, MD 208953945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KAPPA SIGMA DELTA-RHO EDUCATIONAL F 10116 GATES AVE SILVER SPRING, MD 209025132	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR SILVER SPRING, MD 209033500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
METROPOLITAN WASHINGTON EAR INC 12061 TECH RD SILVER SPRING, MD 209041997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEDERATION OF TAMIL SANGAMS OF NORT 701 JACKSON RD SILVER SPRING, MD 209042804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION OF TAMIL SANGAMS OF NORT 701 JACKSON RD SILVER SPRING, MD 209042804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEDERATION OF TAMIL SANGAMS OF NORT 701 JACKSON RD SILVER SPRING, MD 209042804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HUMANITY FIRST USA 15000 GOOD HOPE RD SILVER SPRING, MD 209054120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREES FOR THE FUTURE INC 1400 SPRING ST STE 150 SILVER SPRING, MD 209102750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
POTOMAC CONSERVANCY INC 8403 COLESVILLE RD SUITE 805 SILVER SPRING, MD 209103439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	456
PRIMARY CARE COALITION OF MONTGOMER 8757 GEORGIA AVE 10TH FL SILVERSPRING, MD 209103737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TUBEROUS SCLEROSIS ASSOCIA 801 ROEDER RD SUITE 750 SILVER SPRING, MD 209104487	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARFORD FAMILY HOUSE INC 53 E BEL AIR AVE APT 3 ABERDEEN, MD 210013796	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
YOUNG WOMENS CHRISTIAN ASSOC OF ANN 1517 RITCHIE HIGHWAY SUITE 201 ARNOLD, MD 210122461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYS INCPO BOX 732 ARNOLD, MD 210124732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BAYS INCPO BOX 732 ARNOLD, MD 210124732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BAYS INCPO BOX 732 ARNOLD, MD 210124732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD DAY SCHOOL INC 715 MOORES MILL RD BELAIR, MD 210142713	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 205 S HAYS ST BEL AIR, MD 210143646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
GREATER BEL AIR COMMUNITY FOUNDATIO 505 S MAIN ST BEL AIR, MD 210143967	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	400
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
HARFORD COMMUNITY COLLEGE FOUNDATIO 401 THOMAS RUN RD BEL AIR, MD 210151627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE BOYS SCHOOL OF SAINT PAULS PARI 11152 FALLS ROAD BROOKLANDVILLE, MD 210228100	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARKSVILLE MIDDLE 6535 S TROTTER RD CLARKSVILLE, MD 210291204	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
RIVER HILL HIGH12101 ROUTE 108 CLARKSVILLE, MD 210299000	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
RHHS BOOSTERS INC 12101 RTE 108 RIVER HL HIGH SCHOOL CLARKSVILLE, MD 210290000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRANTIK INC6513 LIMERICK CT CLARKSVILLE, MD 210291546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PATHFINDERS INC 303 INTERNATIONAL CIR STE 110 HUNT VALLEY, MD 210301383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANNE ARUNDEL COUNTY FOOD BANK INC PO BOX 650 CROWNSVILLE, MD 210320650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATUXENT RIVER 4-H CENTER FOUNDATIO PO BOX 342 DAVIDSONVILLE, MD 210350342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DECESARIS-PROUT CANCER FOUNDATION I 902 PARMA CT DAVIDSONVILLE, MD 210351206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CELEBRATE HOPE FOUNDATION INC 3541 RUSSELL THOMAS LN DAVIDSONVILLE, MD 210352522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOCUS FOUNDATION INC 820 W CENTRAL AVE UNIT 190 DAVIDSONVILLE, MD 210357508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE SUMMIT SCHOOL 664 CENTRAL AVENUE E EDGEWATER, MD 210373429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,250
SOUTH RIVER FEDERATION INC 2830 SOLOMONS ISLAND RD EDGEWATER, MD 210371434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU AMERICAN SEVA COMMUNITIES INC 3003 EBBWOOD DR ELLICOTT CITY, MD 210422317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BURLEIGH MANOR ANIMAL SANCTUARY AND 3950 WHITE ROSE WAY ELLICOTT CITY, MD 210425822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TAMIL CHAIR INC4113 TIBER FALLS DR ELLICOTT CITY, MD 210437170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL CHAIR INC4113 TIBER FALLS DR ELLICOTT CITY, MD 210437170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
US DREAM ACADEMY INC 5950 SYMPHONY WOODS RD STE 504 COLUMBIA, MD 210443592	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET MOBILE INC9425 SUNFALL CT COLUMBIA, MD 210462057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FIGHTING BLINDESS INC 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 210462132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FIGHTING BLINDESS INC 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 210462132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDESS INC 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 210462132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FIGHTING BLINDESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210462132	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
FOUNDATION FIGHTING BLINDESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210462132	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	248
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	830
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALLSTON ANIMAL RESCUE MOVEMENT INC 2725 FALLSTON RD FALLSTON, MD 210471307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FALLSTON RECREATION COUNCIL INC 1707 FALLSTON RD FALLSTON, MD 210471410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF HARFORD COUNTY IN 2208 CONNOLLY RD FALLSTON, MD 210472534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF HARFORD COUNTY IN 2208 CONNOLLY RD FALLSTON, MD 210472534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GAMBRILLS ATHLETIC CLUB PO BOX 102 GAMBRILLS, MD 210540102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MARYLAND 4-H CLUB FOUNDATION INC 97 DAIRY LN GAMBRILLS, MD 210541137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE WASHINGTON MEDICAL CENTER 300 HOSPITAL DR SUITE 231 GLEN BURNIE, MD 210615803	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SCARES THAT CARE INC 18530 FALLS RD HAMPSTEAD, MD 210742843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
SCARES THAT CARE INC 18530 FALLS RD HAMPSTEAD, MD 210742843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVRE DE GRACE HIGH 700 CONGRESS AVE HAVRE DE GRACE, MD 210783089	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
INGEBORG OSTERCHRIST ONCOLOGY ENDOW 311 LOCHVIEW TER TIMONIUM, MD 210932711	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
STELLA MARIS INC 2300 DULANEY VALLEY RD TIMONIUM, MD 210932739	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI SOCIETY OF CENTRAL MD IN 10807 TONY DR LUTHERVILLE, MD 210933617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
MONTESSORI SOCIETY OF CENTRAL MD IN 10807 TONY DR LUTHERVILLE, MD 210933617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
LUTHERVILLE VOLUNTEER FIRE COMPANY PO BOX 232 LUTHERVILLE, MD 210940232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEREFORD VOLUNTEER AMBULANCE ASSOCI PO BOX 262 MONKTON, MD 211110262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE TRUSTEES OF THE LADEW TOPIARY G 3535 JARRETTSVILLE PIKE MONKTON, MD 211111910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
KACHCHHI OSWAL JAIN ASSOCIATION OF 727 THORNWOOD DR ODENTON, MD 211131570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROFTON ATHLETIC COUNCIL INC PO BOX 3402 CROFTON, MD 211140402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROMAINIA LEAGUE IN DEFENSE OF ANIMA PO BOX 4674 CROFTON, MD 211144674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MCDONOGH SCHOOLPO BOX 380 OWINGS MILLS, MD 211170380	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCDONOGH SCHOOL INCORPORATED PO BOX 380 OWINGS MILLS, MD 211170380	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,434
DEFENDERS OF ANIMAL RIGHTS INC 14412 OLD YORK RD PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
DEFENDERS OF ANIMAL RIGHTS INC 14412 OLD YORK RD PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELIEVE BIG INC4821 BUTLER ROAD GLYNDON, MD 211365686	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN, MD 211365830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT ROAD SEVERN, MD 211442301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,076
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	452
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,635
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN THE EVANGELIST SCHOOL 669 RITCHIE HIGHWAY SEVERNA PARK, MD 211463920	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
GREATER SEVERNA PARK ATHLETIC ASSOC PO BOX 643 SEVERNA PARK, MD 211460643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOODS COMMUNITY CENTER INC 623 BALTIMORE ANNAPOLIS BLVD SEVERNA PARK, MD 211460691	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODS COMMUNITY CENTER INC 623 BALTIMORE ANNAPOLIS BLVD SEVERNA PARK, MD 211460691	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY FOUNDATION OF CARROLL COU 255 CLIFTON BOULEVARD WESTMINSTER, MD 211574690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF CARROLL COU 255 CLIFTON BOULEVARD WESTMINSTER, MD 211574690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	386
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARGET COMMUNITY & EDUCATIONAL SERV 111 STONER AVE WESTMINSTER, MD 211575451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
REACH OUT RESCUE AND RESOURCES PO BOX 542 WESTMINSTER, MD 211580542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF MARYLAND MEDICAL SYST 110 SOUTH PACA STREET 9TH FLOOR BALTIMORE, MD 212011544	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 635 W LEXINGTON ST BALTIMORE, MD 212011546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
RONALD MCDONALD HOUSE CHARITIES OF 635 W LEXINGTON ST BALTIMORE, MD 212011546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
RONALD MCDONALD HOUSE CHARITIES OF 635 W LEXINGTON ST BALTIMORE, MD 212011546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 635 W LEXINGTON ST BALTIMORE, MD 212011546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,095
COMMUNITY LAW IN ACTION INC 520 W FAYETTE ST BALTIMORE, MD 212011781	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY LAW IN ACTION INC 520 W FAYETTE ST BALTIMORE, MD 212011781	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE URBAN LEAGUE 512 ORCHARD ST BALTIMORE, MD 212011947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE EVERYMAN THEATRE INCORPORATED 315 WEST FAYETTE STREET BALTIMORE, MD 212013405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON STREET BALTIMORE, MD 212013422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF BALTIMORE CHANCERY I 320 CATHEDRAL ST BALTIMORE, MD 212014421	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF METROPOLITAN 11 WEST MOUNT VERNON PLACE BALTIMORE, MD 212015103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WALTERS ART MUSEUM FOUNDATION INC 600 N CHARLES ST BALTIMORE, MD 212015118	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALTERS ART MUSEUM FOUNDATION INC 600 N CHARLES ST BALTIMORE, MD 212015118	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WALTERS ART MUSEUM FOUNDATION INC 600 N CHARLES ST BALTIMORE, MD 212015118	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
BALTIMORE SYMPHONY ORCHESTRA INC 1212 CATHEDRAL STREET BALTIMORE, MD 212015545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL SOCIETY OF COLONIAL WARS 1420 MARYLAND AVE BALTIMORE, MD 212015706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ASSOCIATED JEWISH COMMUNITY FEDERAT 101 W MOUNT ROYAL AVE BALTIMORE, MD 212015708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ASSOCIATED JEWISH COMMUNITY FEDERAT 101 W MOUNT ROYAL AVE BALTIMORE, MD 212015708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH TFILOH FOUNDATION INC 101 W MOUNT ROYAL AVE BALTIMORE, MD 212015708	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
ASSOCIATED JEWISH CHARITIES OF BALT 101 W MOUNT ROYAL AVE BALTIMORE, MD 212015728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
ASSOCIATED JEWISH CHARITIES OF BALT 101 W MOUNT ROYAL AVE BALTIMORE, MD 212015728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD RELIEF CORP OF NATIONAL ASSOC 7 E BALTIMORE ST BALTIMORE, MD 212021602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WORLD RELIEF CORP OF NATIONAL ASSOC 7 E BALTIMORE ST BALTIMORE, MD 212021602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BALTIMORE CITY FOUNDATION INC 7 E REDWOOD STREET 9TH FLOOR BALTIMORE, MD 212021820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE CITY FOUNDATION INC 7 E REDWOOD STREET 9TH FLOOR BALTIMORE, MD 212021820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
CENTER STAGE ASSOCIATES INC 700 N CALVERT ST BALTIMORE, MD 212023602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BALTIMORE CHILDRENS MUSEUM INC 35 MARKET PLACE BALTIMORE, MD 212024002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE CHILDRENS MUSEUM INC 35 MARKET PLACE BALTIMORE, MD 212024002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VEGETARIAN RESOURCE GROUP PO BOX 1463 BALTIMORE, MD 212031463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TOWSON UNIVERSITY PUBLIC MEDIA 1 OLYMPIC PLACE STE 100 TOWSON, MD 212044104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 303 W CHESAPEAKE AVE BALTIMORE, MD 212044406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CARSON SCHOLARS FUND INC 305 W CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 212044421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CARSON SCHOLARS FUND INC 305 W CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 212044421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
KENNEDY KRIEGER INSTITUTE INC 707 N BROADWAY BALTIMORE, MD 212051832	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEDY KRIEGER INSTITUTE INC 707 N BROADWAY BALTIMORE, MD 212051832	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
BETH TFILOH DAHAN COMMUNITY SCHOOL 3300 OLD COURT RD BALTIMORE, MD 212083316	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,300
HADASSAH THE WOMENS ZIONIST ORGANIZ 3723 OLD COURT RD STE 205 BALTIMORE, MD 212083926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYLBURN ARBORETUM ASSOCIATION INC 4915 GREENSPRING AVE BALTIMORE, MD 212094642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BRYN MAWR SCHOOL FOR GIRLS OF BALTI 109 W MELROSE AVE BALTIMORE, MD 212101326	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS SCHOOL OF BALTIMORE INC 5114 N CHARLES ST BALTIMORE, MD 212102021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FRIENDS SCHOOL OF BALTIMORE INC 5114 N CHARLES ST BALTIMORE, MD 212102021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
BALTIMORE HONEY INC 2054 DRUID PARK DR BALTIMORE, MD 212111409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	380
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N2100 BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N2100 BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N2100 BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ART WITH A HEART INC 3355 KESWICK RD STE 104 BALTIMORE, MD 212112657	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARCHBISHOP CURLEY HIGH SCHOOL 3701 SINCLAIR LN BALTIMORE, MD 212132018	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP CURLEY HIGH SCHOOL 3701 SINCLAIR LN BALTIMORE, MD 212132018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHILDREN ALL AROUND MENTORING PROGR 4634 WALTHER AVE BALTIMORE, MD 212143243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GIRL SCOUTS OF CENTRAL MARYLAND INC 4806 SETON DRIVE BALTIMORE, MD 212153247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPREHENSIVE HOUSING ASSISTANCE IN 5809 PARK HEIGHTS AVENUE BALTIMORE, MD 212153929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GARWYN OAKS NORTHWEST HOUSING RESOU 2300 GARRISON BLVD STE 140 BALTIMORE, MD 212162309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LIGHT HEALTH AND WELLNESS COMPREHEN PO BOX 25535 BALTIMORE, MD 212170335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR URBAN FAMILIES INC 2201 N MONROE ST BALTIMORE, MD 212171321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
STRONG CITY BALTIMORE 3503 N CHARLES ST BALTIMORE, MD 212182405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
STRONG CITY BALTIMORE 3503 N CHARLES ST BALTIMORE, MD 212182405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRIVER HALL CONCERT SERIES INC SHRIVER HALL 105 3400 N CHARLES STREET BALTIMORE, MD 212182698	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MARYLANDERS TO PREVENT GUN VIOLENCE 2600 SAINT PAUL ST BALTIMORE, MD 212184523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE WOMENS HOUSING COALITION INC 119 EAST 25TH STREET BALTIMORE, MD 212185232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELENA COMMUNITY ASSOCIATION INC 6512 ST HELENA AVE BALTIMORE, MD 212224009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	978
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF THE CHESAPE 3741 COMMERCE DRIVE SUITE 309 BALTIMORE, MD 212271664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY OF THE CHESAPE 3741 COMMERCE DRIVE SUITE 309 BALTIMORE, MD 212271664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST MARTINS HOME FOR THE AGED LITTLE 601 MAIDEN CHOICE LN BALTIMORE, MD 212283630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT RESCUE OF MARYLAND INC 6400 BALTIMORE NATIONAL PIKE 305 BALTIMORE, MD 212283930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PAULS PLACE INC1118 WARD STREET BALTIMORE, MD 212301817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BALTIMORE STATION INC 140 W WEST ST BALTIMORE, MD 212303739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTH BALTIMORE LEARNING CORP INC 28 E OSTEND ST BALTIMORE, MD 212304245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BALTIMORE LEARNING CORP INC 28 E OSTEND ST BALTIMORE, MD 212304245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LIVING CLASSROOMS FOUNDATION INC 802 S CAROLINE ST BALTIMORE, MD 212313332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FRANKLIN SQUARE HOSPITAL CENTER FOU 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 212373901	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HIGH SCHOOL 1300 E NORTHERN PKWY BALTIMORE, MD 212391919	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
MERCY HIGH SCHOOL 1300 E NORTHERN PKWY BALTIMORE, MD 212391919	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BOARD OF CHILD CARE OF THE UNITED M 3300 GAITHER RD BALTIMORE, MD 212442916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF CHILD CARE OF THE UNITED M 3300 GAITHER RD BALTIMORE, MD 212442916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COUNCIL ON ECONOMIC EDUCATION IN MA 8000 YORK RD TOWSON UNIVERSITY TOWSON, MD 212520001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
LOYOLA HIGH SCHOOL BLAKEFIELD PO BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERT HALL COLLEGE HIGH SCHOOL 8102 LASALLE ROAD BALTIMORE, MD 212868022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
CHESAPEAKE CONSERVANCY INC 716 GIDDINGS AVE STE 42 ANNAPOLIS, MD 214011421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	351
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ANNE ARUNDEL MEDICAL CENTER FOUNDAT 2001 MEDICAL PKWY SAJAK PAVILION STE 240 ANNAPOLIS, MD 214013280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL MEDICAL CENTER FOUNDAT 2001 MEDICAL PKWY ANNAPOLIS, MD 214013280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ANNE ARUNDEL MEDICAL CENTER FOUNDAT 2001 MEDICAL PKWY ANNAPOLIS, MD 214013280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	570
ANNE ARUNDEL MEDICAL CENTER FOUNDAT 2001 MEDICAL PKWY ANNAPOLIS, MD 214013280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNAPOLIS SYMPHONY ORCHESTRA ASSOCI 801 CHASE ST 204 ANNAPOLIS, MD 214013530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,509
ANNAPOLIS SYMPHONY ORCHESTRA ASSOCI 801 CHASE ST 204 ANNAPOLIS, MD 214013530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,191
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,530
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	433
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF ANNAPOLIS INC 128 LUBRANO DR SUITE L-101 ANNAPOLIS, MD 214017028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
JUNIOR LEAGUE OF ANNAPOLIS INC 128 LUBRANO DR SUITE L-101 ANNAPOLIS, MD 214017028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF ANNAPOLIS INC 128 LUBRANO DR SUITE L-101 ANNAPOLIS, MD 214017028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
GIRLS ON THE RUN OF THE GREATER CHE 129 LUBRANO DR L-102 ANNAPOLIS, MD 214017568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NAVAL ACADEMY PRIMARY SCHOOL 74 GREENBURY POINT ROAD ANNAPOLIS, MD 214021113	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALEYS HELPING HANDS OF MARYLAND IN 124 W BAY VIEW DR ANNAPOLIS, MD 214033805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOSPICE CUP INCPO BOX 1443 ANNAPOLIS, MD 214041443	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
INNOVATIVE LEARNING INC 1277 GREEN HOLLY DR ANNAPOLIS, MD 214094676	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROSTBURG STATE UNIVERSITY FOUNDATI 101 BRADDOCK RD FROSTBURG, MD 215322303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SS PETER & PAUL HIGH SCHOOL 900 HIGH STREET EASTON, MD 216014021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MID-SHORE PRO BONO INC 8 S WEST STREET EASTON, MD 216012680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-SHORE PRO BONO INC 8 S WEST STREET EASTON, MD 216012680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COUNTRY SCHOOL INC 716 GOLDSBOROUGH ST EASTON, MD 216013907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
COUNTRY SCHOOL INC 716 GOLDSBOROUGH ST EASTON, MD 216013907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASS REGIONAL HOSPICE INC 255 COMET DR CENTREVILLE, MD 216172647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HAVEN MINISTRIES INCPO BOX 44 CHESTER, MD 216190044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHESTERTOWN LIONS CHARITIES INCORPO PO BOX 265 CHESTERTOWN, MD 216200265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDFOWL TRUST OF NORTH AMERICA INC 600 DISCOVERY LN GRASONVILLE, MD 216381378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOSOM BUDDIES CHARITIES INC PO BOX 112 STEVENSVILLE, MD 216660112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN BELGIAN MALINOIS RESCUE TR 21710 COVE POINT FARM RD TILGHMAN, MD 216711175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY WEEKDAY SCHOOL 133 W 2ND STREET FREDERICK, MD 217015328	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FREDERICK MEMORIAL HOSPITAL INC 400 W 7TH ST FREDERICK, MD 217014593	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
AOPA FOUNDATION421 AVIATION WAY FREDERICK, MD 217014756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AOPA FOUNDATION421 AVIATION WAY FREDERICK, MD 217014756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF FREDERICK C 312 E CHURCH ST FREDERICK, MD 217015611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BOYS AND GIRLS CLUB OF FREDERICK CO 413 BURCK ST FREDERICK, MD 217016302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF FREDERICK COUNTY INC PO BOX 1799 FREDERICK, MD 217020799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SCOTT KEY CENTER INC 1050 ROCKY SPRINGS RD FREDERICK, MD 217028239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF FREDERICK COUNTY INCO PO BOX 307 FREDERICK, MD 217050307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT SAINT MARYS UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 217277799	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
MOUNT SAINT MARYS UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 217277799	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,868
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MEDECINS SANS FRONTIERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
DAYS END FARM HORSE RESCUE INC PO BOX 309 LISBON, MD 217650309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MARYLAND CONGRESS OF PARENTS & 11501 FINGERBOARD RD MONROVIA, MD 217709009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE MOUNT AIRY VOLUNTEER FIRE COMPA 702 N MAIN ST FIRE STATION MT AIRY, MD 217710000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK ROAD MOUNT AIRY, MD 217713400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK ROAD MOUNT AIRY, MD 217713400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK ROAD MOUNT AIRY, MD 217713400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
HABITAT FOR HUMANITY INTERNATIONAL 908 W ISABELLA ST SALISBURY, MD 218014034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA REGIONAL MEDICAL CENTER F 100 E CARROLL ST SALISBURY, MD 218015422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
COASTAL HOSPICE INCPO BOX 1733 SALISBURY, MD 218021733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SALISBURY URBAN MINISTRIES PO BOX 1792 SALISBURY, MD 218021792	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE EASTERN 1324 BELMONT AVE STE 401 SALISBURY, MD 218044558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COMMUNITY FOUNDATION OF THE EASTERN 1324 BELMONT AVE STE 401 SALISBURY, MD 218044558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF THE EASTERN 1324 BELMONT AVE STE 401 SALISBURY, MD 218044558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER PREPARATORY SCHOOL PO BOX 1006 BERLIN, MD 218110979	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,885
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1327 BERLIN, MD 218115327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DIAKONIA INC12747 OLD BRIDGE RD OCEAN CITY, MD 218429243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER COUNTY COMMISSION ON AGIN PO BOX 159 SNOW HILL, MD 218630159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	180
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
BAY VIEW ELEMENTARY PTO 910 N EAST RD NORTH EAST, MD 219011903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JACOB TOME INSTITUTE 581 S MARYLAND AVE NORTHEAST, MD 219014029	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOB TOME INSTITUTE 581 S MARYLAND AVE NORTHEAST, MD 219014029	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	575
PLUMPTON PARK ZOOLOGICAL GARDENS IN 1416 TELEGRAPH RD RISING SUN, MD 219112025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MARYLAND 4-H CLUB FOUNDATION INC 1347 WILSON RD RISING SUN, MD 219112058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENMORE ELEMENTARY 2475 SINGERLY RD ELKTON, MD 219212733	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
UNION HOSPITAL OF CECIL COUNTY FOUN 106 BOW ST ELKTON, MD 219215544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CECIL COUNTY EXTENSION ADVISORY COU 200 CHESAPEAKE BLVD STE 1500 ELKTON, MD 219216653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM M SINGERLY STEAM FIRE PO BOX 444 ELKTON, MD 219220444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CECIL COUNTY CHORAL SOCIETY INC PO BOX 2128 ELKTON, MD 219222128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLY SPIRIT SCHOOL 8800 BRADDOCK ROAD ANNANDALE, VA 220034150	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY SPIRIT SCHOOL 8800 BRADDOCK ROAD ANNANDALE, VA 220034150	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY SPIRIT SCHOOL 8800 BRADDOCK ROAD ANNANDALE, VA 220034150	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
FORMER AGENTS OF THE FBI FOUNDATION 3717 FETTLER PARK DR DUMFRIES, VA 220252048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORMER AGENTS OF THE FBI FOUNDATION 3717 FETTLER PARK DR DUMFRIES, VA 220252048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN PAUL II TECHNICAL INSTITUT 3911 OLD LEE HIGHWAY STE 43A FAIRFAX, VA 220302434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SANCTITY OF LIFE MINISTRIES 10380 DEMOCRACY LANE FAIRFAX, VA 220302579	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE NRA FOUNDATION INC 11250 WAPLES MILL ROAD FAIRFAX, VA 220307400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOREAN AMERICAN ARCHERY ASSOCIATION 4013 WILLIAMSBURG CT FAIRFAX, VA 220321139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FAIRFAX LIBRARY FOUNDATION INC 12000 GOVERNMENT CTR PKWY STE 329 FAIRFAX, VA 220350059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OFFICER DOWN MEMORIAL PAGE INC PO BOX 1047 FAIRFAX, VA 220381047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE ROOTS INTERNATIONAL PO BOX 1382 FAIRFAX, VA 220381382	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HOMEWARD TRAILS ANIMAL RESCUE INCOR 11116 FAIRFAX STATION RD FAIRFAX STA, VA 220391016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INOVA HEALTH SYSTEM FOUNDATION 8110 GATEHOUSE ROAD SUITE 200E FALLS CHURCH, VA 220421210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD STE 300 FALLS CHURCH, VA 220422333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD STE 300 FALLS CHURCH, VA 220422333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
VIRGINIA DRESSAGE ASSOCIATION 6426 SOUTH ST FALLS CHURCH, VA 220422357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	479
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOMESTRETCH INC 303 SOUTH MAPLE AVENUE/SUITE 400 FALLS CHURCH, VA 220464418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LEGAL & POLICY CENTER 107 PARK WASHINGTON CT FALLS CHURCH, MD 220464519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE LANGLEY SCHOOL 1411 BALLS HILL ROAD MCLEAN, VA 221013415	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
MCLEAN COMMUNITY FOUNDATION PO BOX 75 MCLEAN, VA 221010075	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCLEAN COMMUNITY FOUNDATION PO BOX 75 MCLEAN, VA 221010075	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
MADEIRA SCHOOL INC 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CENTER FOR EXCELLENCE IN EDUCATION 8201 GREENSBORO DR STE 215 MCLEAN, VA 221023813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEGENE ETHIOPIAN FOUNDATION PO BOX 11293 MCLEAN, VA 221029293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN RETRIEVER RESCUE EDUCATION A PO BOX 190 MERRIFIELD, VA 221160190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN RETRIEVER RESCUE EDUCATION A PO BOX 190 MERRIFIELD, VA 221160190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPTIC ORPHANS SUPPORT ASSOCIATION PO BOX 2881 MERRIFIELD, VA 221161881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COPTIC ORPHANS SUPPORT ASSOCIATION PO BOX 2881 MERRIFIELD, VA 221161881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN DIABETES ASSOCIATION INC PO BOX 1834 MERRIFIELD, VA 221168034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON LADIES ASSOCIATION OF PO BOX 110 MOUNT VERNON, VA 221210110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MOUNT VERNON LADIES ASSOCIATION OF PO BOX 110 MOUNT VERNON, VA 221210110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MOUNT VERNON LADIES ASSOCIATION OF PO BOX 110 MOUNT VERNON, VA 221210110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON LADIES ASSOCIATION OF PO BOX 110 MOUNT VERNON, VA 221210110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FLINT HILL SCHOOL 3320 JERMANTOWN RD OAKTON, VA 221242405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	255
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DR STE 100 OAKTON, VA 221242764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEMPER K9 ASSISTANCE DOGS PO BOX 451 QUANTICO, VA 221340451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	262
SEMPER K9 ASSISTANCE DOGS PO BOX 451 QUANTICO, VA 221340451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 221722200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 221722200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GREEN HEDGES SCHOOL 415 WINDOVER AVENUE NW VIENNA, VA 221804232	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
GREEN HEDGES SCHOOL 415 WINDOVER AVENUE NW VIENNA, VA 221804232	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CONGRESS OF PARENTS AND TE 2620 GALLOWS RD VIENNA, VA 221807131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JILLS HOUSE INC9011 LEESBURG PIKE VIENNA, VA 221821722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIENNA VOLUNTEER FIRE DEPARTMENT PO BOX 1115 VIENNA, VA 221831115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIENNA VOLUNTEER FIRE DEPARTMENT PO BOX 1115 VIENNA, VA 221831115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LORTON COMMUNITY ACTION CENTER PO BOX 154 LORTON, VA 221990154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
OFFENDER AID AND RESTORATION OF ARL 1400 N UHLE STREET ARLINGTON, VA 222012911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD STE 1200 ARLINGTON, VA 222013052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LIVE ACTION 2200 WILSON BLVD STE 111 102 ARLINGTON, VA 222013324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARMY HISTORICAL FOUNDATION INC 2425 WILSON BLVD ARLINGTON, VA 222013326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY HISTORICAL FOUNDATION INC 2425 WILSON BLVD ARLINGTON, VA 222013326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD STE 630 ARLINGTON, VA 222013865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,798
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD STE 630 ARLINGTON, VA 222013865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US-IRELAND ALLIANCE 2800 CLARENDON BLVD NO 305W ARLINGTON, VA 222015092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 222024804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 222024804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
INSTITUTE FOR JUSTICE 901 N GLEBE RD STE 900 ARLINGTON, VA 222030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,024
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,936
NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	966
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATURE CONSERVANCY 4245 N FAIRFAX DR ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
NAVY-MARINE CORPS RELIEF SOCIETY 875 NORTH RANDOLPH ST SUITE 225 ARLINGTON, VA 222031977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVY-MARINE CORPS RELIEF SOCIETY 875 NORTH RANDOLPH ST SUITE 225 ARLINGTON, VA 222031977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NAVY-MARINE CORPS RELIEF SOCIETY 875 NORTH RANDOLPH ST SUITE 225 ARLINGTON, VA 222031977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NAMI3803 FAIRFAX DR STE 100 ARLINGTON, VA 222035860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI3803 FAIRFAX DR STE 100 ARLINGTON, VA 222035860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
NAMI3803 FAIRFAX DR STE 100 ARLINGTON, VA 222035860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
OPERATION TURBO INCPO BOX 41431 ARLINGTON, VA 222048431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN VIRGINIA ALLIANCE LEAGUE PO BOX 5165 ARLINGTON, VA 222050265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VIRGINIA HOSPITAL CENTER FOUNDATION 1701 N GEORGE MASON DR ARLINGTON, VA 222053698	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL WELFARE LEAGUE OF ARLINGTON 2650 S ARLINGTON MILL DR ARLINGTON, VA 222062212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	162
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONSERVATION FUND A NONPROFIT C 1655 N FORT MYER DR ARLINGTON, VA 222093113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
THE CONSERVATION FUND A NONPROFIT C 1655 N FORT MYER DR ARLINGTON, VA 222093113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
ARLINGTON STREET PEOPLE S ASSISTANC PO BOX 100731 ARLINGTON, VA 222103731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHARLES BORROMEO PHILIPPINE MEDI PO BOX 101923 ARLINGTON, VA 222109998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BISHOP OCONNELL HIGH SCHOOL 6600 LITTLE FALLS RD ARLINGTON, VA 222131211	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BISHOP OCONNELL HIGH SCHOOL 6600 LITTLE FALLS RD ARLINGTON, VA 222131211	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL HIGH SCHOOL 1200 N QUAKER LANE ALEXANDRIA, VA 223023004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
EPISCOPAL HIGH SCHOOL 1200 N QUAKER LANE ALEXANDRIA, VA 223023004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
SCHOLARSHIP FUND OF ALEXANDRIA 3330 KING ST ALEXANDRIA, VA 223023001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAILS HIGH708 TIMBER BRANCH DR ALEXANDRIA, VA 223023622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TOGETHER WE BAKE3821 GRIFFITH PL ALEXANDRIA, VA 223041815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ANIMAL WELFARE LEAGUE OF ALEXANDRIA 4101 EISENHOWER AVE ALEXANDRIA, VA 223046436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE-MT VERNON SOCCER ASSN PO BOX 10202 ALEXANDRIA, VA 223100202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHEETAH CONSERVATION FUND 200 DANGERFIELD ROAD SUITE 200 ALEXANDRIA, VA 223140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SALVATION ARMY WORLD SERVICE OFFICE 615 SLATERS LN ALEXANDRIA, VA 223141112	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 2030 INC 1199 N FAIRFAX STREET ALEXANDRIA, VA 223141483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	99,500
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARPENTERS SHELTER INC 930 N HENRY STREET ALEXANDRIA, VA 223141621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	172,529
HANDS ALONG THE NILE DEVELOPMENT SE 535B E BRADDOCK RD ALEXANDRIA, VA 223142161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA TRUST FOR HISTORIC PRESERV 614 ORONOCO ST ALEXANDRIA, VA 223142308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR AMERICAS GRADUATES INC 1729 KING ST STE 100 ALEXANDRIA, VA 223142742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RUNNINGBROOKE 107 S WEST STREET NO 545 ALEXANDRIA, VA 223142824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL SOCIETY OF BLACK ENGINEERS 205 DAINGERFIELD RD ALEXANDRIA, VA 223142833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS G LABRECQUE FOUNDATION 1414 PRINCE ST STE 400 ALEXANDRIA, VA 223142853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	164
THOMAS G LABRECQUE FOUNDATION 1414 PRINCE ST STE 400 ALEXANDRIA, VA 223142853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ACT FOR ALEXANDRIA 1421 PRINCE STREET SUITE 200 ALEXANDRIA, VA 223142867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS G LABRECQUE FOUNDATION 1414 PRINCE ST ALEXANDRIA, VA 223142896	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL CENTER FOR MISSING AND EXP 699 PRINCE STREET ALEXANDRIA, VA 223143117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL CENTER FOR MISSING AND EXP 699 PRINCE STREET ALEXANDRIA, VA 223143117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR MISSING AND EXP 699 PRINCE STREET ALEXANDRIA, VA 223143117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
NATIONAL CENTER FOR MISSING AND EXP 699 PRINCE STREET ALEXANDRIA, VA 223143117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MIGHTYCAUSE CHARITABLE FOUNDATION 1725 DUKE ST STE 675 ALEXANDRIA, VA 223146120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONQUER CANCER FDN OF THE AMERICAN 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 223146833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
THE INTERNATIONAL CENTRE FOR MISSIN 2318 MILL RD STE 1010 ALEXANDRIA, VA 223146878	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALEXANDRIA ROTARY FOUNDATION PO BOX 320666 ALEXANDRIA, VA 223204666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY WASHINGTON HEALTHCARE CLINICAL 2300 FALL HILL AVE STE 401 FREDERICKSBRG, VA 224013343	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
GERMANNA COMMUNITY COLLEGE EDUCATIO 1320 CENTRAL PARK BLVD STE 106 FREDERICKSBRG, VA 224014942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
LEGAL AID WORKS 500 LAFAYETTE BLVD STE 100 FREDERICKSBRG, VA 224016070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FREDERICKSBURG REGIONAL FOODBANK PO BOX 1006 FREDERICKSBRG, VA 224017001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL SKYDIVING MUSEUM & HA 5401 SOUTHPOINT CENTRE BLVD FREDERICKSBRG, VA 224072612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RICES HOTEL-HUGHLETTS TAVERN FOUNDA PO BOX 579 HEATHSVILLE, VA 224730579	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CAROLINE COUNTY AGRICULTURAL FAIR A PO BOX 1207 RUTHER GLEN, VA 225468207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE COUNTY AGRICULTURAL FAIR A PO BOX 1207 RUTHER GLEN, VA 225468207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINE COUNTY AGRICULTURAL FAIR A PO BOX 1207 RUTHER GLEN, VA 225468207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINE COUNTY AGRICULTURAL FAIR A PO BOX 1207 RUTHER GLEN, VA 225468207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWYNETHS GIFT FOUNDATION INC 360 WAKEROBIN DR STAFFORD, VA 225566755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
POWHATAN SCHOOL49 POWATAN LN BOYCE, VA 226202207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LN MILLWOOD, VA 226460255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LN MILLWOOD, VA 226460255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SIGMA SIGMA SIGMA FOUNDATION 225 N MUHLENBERG ST WOODSTOCK, VA 226641424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,627
SIGMA SIGMA SIGMA FOUNDATION 225 N MUHLENBERG ST WOODSTOCK, VA 226641424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,256
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF HARRISO 225 N HIGH ST HARRISONBURG, VA 228023801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OUR COMMUNITY PLACE 17 E JOHNSON STREET HARRISONBURG, VA 228024714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JAMES MADISON UNIVERSITYMSC 5715 HARRISONBURG, VA 228070001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON UNIVERSITY 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTESVILLE AREA COMMUNITY FOUN PO BOX 1767 CHARLOTTESVILLE, VA 229021767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,478
SOUTHERN ENVIROMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
SOUTHERN ENVIROMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ENVIROMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSICIANS UNITED TO SERVE THE YOUTH 105 RIDGE ST CHARLOTTESVILLE, VA 229025549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PIEDMONT VIRGINIA COMMUNITY COLLEGE 501 COLLEGE DRIVE CHARLOTTESVILLE, VA 229027589	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT VIRGINIA COMMUNITY COLLEGE 501 COLLEGE DRIVE CHARLOTTESVILLE, VA 229027589	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,125
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEGAL AID JUSTICE CENTER 1000 PRESTON AVE CHARLOTTESVILLE, VA 229032105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 919 WEST MAIN STREET CHARLOTTESVILLE, VA 229032846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
COLLEGE FOUNDATION OF THE UNIVERSIT 2410 OLD IVY ROAD STE 1 CHARLOTTESVILLE, VA 229035084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COLLEGE FOUNDATION OF THE UNIVERSIT 2410 OLD IVY ROAD STE 1 CHARLOTTESVILLE, VA 229035084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP HOLIDAY TRAILS INC 400 HOLIDAY TRAILS LN CHARLOTTESVILLE, VA 229037774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF VIRGINIA MCINTIRE SCH BUSINESS OFFICE ROOM 301 CHARLOTTESVILLE, VA 229041730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
UNIVERSITY OF VIRGINIA MCINTIRE SCH BUSINESS OFFICE ROOM 301 CHARLOTTESVILLE, VA 229041730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400174 CHARLOTTESVILLE, VA 229044174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400174 CHARLOTTESVILLE, VA 229044174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400174 CHARLOTTESVILLE, VA 229044174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400218 CHARLOTTESVLE, VA 229044218	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,599
UNIVERSITY OF VIRGINIA ENGINEERING PO BOX 400256 CHARLOTTESVLE, VA 229044256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
UNIVERSITY OF VIRGINIA ENGINEERING PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400314 CHARLOTTESVILLE, VA 229044314	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400314 CHARLOTTESVILLE, VA 229044314	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400314 CHARLOTTESVILLE, VA 229044314	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON SCHOLARS FOUNDATION PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTICO CHURCHPO BOX 5365 CHARLOTTESVLE, VA 229055365	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 5527 CHARLOTTESVLE, VA 229055527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 5527 CHARLOTTESVLE, VA 229055527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE SOCIETY FOR THE PREVENTIO PO BOX 7047 CHARLOTTESVILLE, VA 229067047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 7263 CHARLOTTESVILLE, VA 229067263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 7263 CHARLOTTESVILLE, VA 229067263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 7263 CHARLOTTESVILLE, VA 229067263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 800773 CHARLOTTESVILLE, VA 229080773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
PEACHTREE BASEBALL LEAGUE OF ALBAMA PO BOX 159 CROZET, VA 229320159	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AROMAS CAFE FC 7656 BIRCHWOOD HILL RD CROZET, VA 229323256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BROWNSVILLE ELEMENTARY SCHOOL PAREN 5870 ROCKFISH GAP TPKE CROZET, VA 229323401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
SIAMESE CATS RESCUE CENTER 366 MEANDER RUN RD LOCUST DALE, VA 229484801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAM WAR FOUNDATION 6265 SPRING HILL RD RUCKERSVILLE, VA 229683635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HANOVER HUMANE SOCIETY INC PO BOX 1011 ASHLAND, VA 230051011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,650
FRENCH BULLDOG RESCUE NETWORK A NON PO BOX 4764 GLEN ALLEN, VA 230584764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRENCH BULLDOG RESCUE NETWORK A NON PO BOX 4764 GLEN ALLEN, VA 230584764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VBA EDUCATION FOUNDATION 4490 COX RD GLEN ALLEN, VA 230603325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SCAT INC12373 DOGWOOD TRL GLOUCESTER, VA 230612627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCAT INC12373 DOGWOOD TRL GLOUCESTER, VA 230612627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SCAT INC12373 DOGWOOD TRL GLOUCESTER, VA 230612627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SCAT INC12373 DOGWOOD TRL GLOUCESTER, VA 230612627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOUCESTER VOLUNTEER FIRE AND RESCU 6595 MAIN ST GLOUCESTER, VA 230616103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOOCHLANDCARES INCPO BOX 116 GOOCHLAND, VA 230630116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOUISA COUNTY RESOURCE COUNCIL OF L PO BOX 52 LOUISA, VA 230930052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISA COUNTY RESOURCE COUNCIL OF L PO BOX 52 LOUISA, VA 230930052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HANDS ACROSS MATHEWS INTERFAITH SER PO BOX 1303 MATHEWS, VA 231091303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
HANDS ACROSS MATHEWS INTERFAITH SER PO BOX 1303 MATHEWS, VA 231091303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE-DAVIS HIGH SCHOOL BAND BOOSTERS PO BOX 1014 MECHANICSVLLE, VA 231111014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEE-DAVIS HIGH SCHOOL BAND BOOSTERS PO BOX 1014 MECHANICSVLLE, VA 231111014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VIRGINIA CONGRESS OF PARENTS AND TE 8248 LEE DAVIS RD MECHANICSVLLE, VA 231117003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER HIGH SCHOOL BAND BOOSTER PO BOX 6048 MIDLOTHIAN, VA 231120035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MANCHESTER HIGH SCHOOL BAND BOOSTER PO BOX 6048 MIDLOTHIAN, VA 231120035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COSBY HIGH SCHOOL ATHLETIC BOOSTERS 14300 FOX CLUB PKWY MIDLOTHIAN, VA 231126366	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COSBY HIGH SCHOOL PTSO 14300 FOX CLUB PKWY MIDLOTHIAN, VA 231126366	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
K9 ALERT SEARCH AND RESCUE DOGS INC PO BOX 2572 MIDLOTHIAN, VA 231138572	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY HOME INC 305 EDGEWOOD DR MINERAL, VA 231174716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
POWHATAN CHRISTMAS MOTHER PO BOX 461 POWHATAN, VA 231390461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SMITTYS CAT RESCUE697 MEADES LN ST STEPHNS CH, VA 231482387	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITOL AREA RESCUE EFFORT INC PO BOX 575 SANDSTON, VA 231500575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIV OF RICHMOND, VA 231730001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIV OF RICHMOND, VA 231730001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIV OF RICHMOND, VA 231730001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIV OF RICHMOND, VA 231730001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIV OF RICHMOND, VA 231730001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF RICHMOND LAW SCHOOL A 28 WESTHAMPTON WAY RICHMOND, VA 231730001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HERE FOR THE GIRLS INC 1309 JAMESTOWN RD STE 204 WIILIAMSBURG, VA 231853380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DREAM CATCHERSPO BOX 1261 WILLIAMSBURG, VA 231871261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF THE ALUMNI OF THE COLLEG PO BOX 1693 WILLIAMSBURG, VA 231872100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIETY OF THE ALUMNI OF THE COLLEG PO BOX 1693 WILLIAMSBURG, VA 231872100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOCIETY OF THE ALUMNI OF THE COLLEG PO BOX 1693 WILLIAMSBURG, VA 231872100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RITA WELSH ADULT LITERACY PROGRAM I 301 MONTICELLO AVENUE WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	9,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
ROTARY CLUB OF JAMES CITY COUNTY FO PO BOX 5956 WILLIAMSBURG, VA 231885215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODEVA INC300 E BROAD ST RICHMOND, VA 232191956	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YWCA RICHMOND6 N 5TH ST RICHMOND, VA 232192218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YWCA RICHMOND6 N 5TH ST RICHMOND, VA 232192218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA21 1108 E MAIN STREET SUITE 1100 RICHMOND, VA 232193534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ENRICHMOND FOUNDATION 100 N 17TH ST RICHMOND, VA 232193610	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
SENIOR CONNECTIONS THE CAPITAL AREA 24 E CARY ST RICHMOND, VA 232193733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE AMERICA 701 E BYRD ST FL 16 RICHMOND, VA 232194500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE VIRGINIA CHAMBER FOUNDATION 919 E MAIN STREET RICHMOND, VA 232194625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THE VIRGINIA CHAMBER FOUNDATION 919 E MAIN STREET RICHMOND, VA 232194625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SPORTABLE RICHMOND ADAPTIVE SPORTS 1365 OVERBROOK ROAD RICHMOND, VA 232201418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGGIE L WALKER GOVERNORS SCHOOL FO 1000 N LOMBARDY ST RICHMOND, VA 232202204	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 2330 MONUMENT AVE RICHMOND, VA 232202604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BELLTOWER PICTURES INC 2709 MONUMENT AVE RICHMOND, VA 232202658	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA MUSEUM OF FINE ARTS FOUNDA 200 N BOULEVARD RICHMOND, VA 232204007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VIRGINIA MUSEUM OF FINE ARTS FOUNDA 200 N BOULEVARD RICHMOND, VA 232204007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA MUSEUM OF FINE ARTS FOUNDA 200 N BOULEVARD RICHMOND, VA 232204007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
FRIENDS OF HOLLYWOOD CEMETERY 412 S CHERRY ST RICHMOND, VA 232206214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA CENTER FOR PUBLIC PRESS IN PO BOX 4787 RICHMOND, VA 232208787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CENTER FOR PUBLIC PRESS IN PO BOX 4787 RICHMOND, VA 232208787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VIRGINIA HISTORICAL SOCIETY PO BOX 7311 RICHMOND, VA 232210311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA LEAGUE FOR PLANNED PARENTH 201 N HAMILTON ST RICHMOND, VA 232212601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BYRD THEATRE FOUNDATION PO BOX 14860 RICHMOND, VA 232213515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	141
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	552
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	238
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	148
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PETER-PAUL DEVELOPMENT CENTER INC 1708 N 22ND STREET RICHMOND, VA 232234431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MASONIC HOME OF VIRGINIA 500 MASONIC LANE HENRICO, VA 232235557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POSITIVE VIBE FOUNDATION 2825 HATHAWAY RD RICHMOND, VA 232251725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
POSITIVE VIBE FOUNDATION 2825 HATHAWAY RD RICHMOND, VA 232251725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEXTUP RVA 7501 BOULDER VIEW DR STE 110 N CHESTERFLD, VA 232254047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEXTUP RVA 7501 BOULDER VIEW DR STE 110 N CHESTERFLD, VA 232254047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BOYS TO MEN MENTORING NETWORK OF VI 1107 W 42ND ST RICHMOND, VA 232254608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GOODWILL OF CENTRAL AND COASTAL VIR 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 232255707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDERHOMES CORP 88 CARNATION STREET RICHMOND, VA 232256811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GFWC VIRGINIAPO BOX 8750 RICHMOND, VA 232260750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS RD RICHMOND, VA 232262708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS RD RICHMOND, VA 232262708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS RD RICHMOND, VA 232262708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CAPITAL REGION LAND CONSERVANCY INC PO BOX 17306 RICHMOND, VA 232267306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW COMMUNITY SCHOOL 4211 HERMITAGE ROAD RICHMOND, VA 232273718	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
YOUTH LIFE FOUNDATION PO BOX 15202 RICHMOND, VA 232270602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ST JOSEPHS VILLA FOUNDATION 8000 BROOK RD RICHMOND, VA 232271306	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNION PRESBYTERIAN SEMINARY 3401 BROOK RD RICHMOND, VA 232274514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHAMBERLAYNE ACTORS THEATRE PO BOX 15513 RICHMOND, VA 232275513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWIS GINTER BOTANICAL GARDEN INC 1800 LAKESIDE AVE RICHMOND, VA 232284700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
LEWIS GINTER BOTANICAL GARDEN INC 1800 LAKESIDE AVE RICHMOND, VA 232284700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEWIS GINTER BOTANICAL GARDEN INC 1800 LAKESIDE AVE RICHMOND, VA 232284700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWIS GINTER BOTANICAL GARDEN INC 1800 LAKESIDE AVE RICHMOND, VA 232284700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PORCHLIGHT ANIMAL SANCTUARY PO BOX 28592 HENRICO, VA 232288592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PORCHLIGHT ANIMAL SANCTUARY PO BOX 28592 HENRICO, VA 232288592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RING DOG RESCUE INCPO BOX 28632 RICHMOND, VA 232288632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAT ADOPTION AND RESCUE EFFORTS INC PO BOX 2934 RICHMOND, VA 232289700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LITTLE SISTERS OF THE POOR IN RICHM 1503 MICHAELS RD RICHMOND, VA 232294899	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH OUT FOR LIFE 8401 PATTERSON AVE STE 104 RICHMOND, VA 232296430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NAMI-CVA1904 BYRD AVE STE 207 RICHMOND, VA 232303027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
UNITED METHODIST FAMILY SERVICES OF 3900 W BROAD ST RICHMOND, VA 232303914	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL MISSION BOARD OF THE 3806 MONUMENT AVE RICHMOND, VA 232303932	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN RICHMOND SPORTS BACKER 100 AVE OF CHAMPIONS STE 300 RICHMOND, VA 232304329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN RICHMOND SPORTS BACKER 100 AVE OF CHAMPIONS STE 300 RICHMOND, VA 232304329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND TRIANGLE PLAYERS 1300 ALTAMONT AVE RICHMOND, VA 232304714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
APPALACHIAN GREAT PYRENEES ASSOCIAT 8976 BATTLEFIELD PARK RD HENRICO, VA 232318229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND EYE & EAR FOUNDATION 8700 STONY POINT PKWY STE 100 RICHMOND, VA 232351968	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
MEDICAL HOME PLUS INC 8719 FOREST HILL AVE N CHESTERFLD, VA 232352431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
RIVERSIDE SCHOOL2110 MCRAE RD RICHMOND, VA 232352962	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE SCHOOL2110 MCRAE RD RICHMOND, VA 232352962	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
RIVER CITY BLUES SOCIETY PO BOX 74964 N CHESTERFLD, VA 232360017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BENEDICTINE EDUCATIONAL FOUNDATION 12829 RIVER ROAD RICHMOND, VA 232387206	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RICHMOND K-9 INC PO BOX 25495 RICHMOND, VA 232605495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	549
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
J SARGEANT REYNOLDS COMMUNITY PO BOX 26924 RICHMOND, VA 232616924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 842026 RICHMOND, VA 232842026	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 842026 RICHMOND, VA 232842026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,200
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 842026 RICHMOND, VA 232842026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
VIRGINIA COMMONWEALTH UNIVERSITY FO 1015 FLOYD AVENUE RICHMOND, VA 232844000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMONWEALTH UNIVERSITY SC PO BOX 842026 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN STREET BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN STREET BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN STREET BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BAPTIST GENERAL ASSOCIATION OF VIRG 2828 EMERYWOOD PKWY RICHMOND, VA 232943718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	840
CHILDFUND ALLIANCE 2821 EMERYWOOD PKWY RICHMOND, VA 232943726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	448
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDFUND ALLIANCE 2821 EMERYWOOD PKWY RICHMOND, VA 232943726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	596
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 980234 RICHMOND, VA 232980234	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 980234 RICHMOND, VA 232980234	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
TRIPLE R RANCH INC 3531 BUNCH WALNUTS ROAD CHESAPEAKE, VA 233222826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPLE R RANCH INC 3531 BUNCH WALNUTS ROAD CHESAPEAKE, VA 233222826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ISLE OF WIGHT ACADEMYPO BOX 105 ISLE OF WIGHT, VA 233970105	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
EASTERN SHORE OF VIRGINIA BARRIER I PO BOX 206 MACHIPONGO, VA 234050206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN SHORE OF VIRGINIA BARRIER I PO BOX 206 MACHIPONGO, VA 234050206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NANSEMOND-SUFFOLK ACADEMY 3373 PRUDEN BLVD SUFFOLK, VA 234347206	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
WESTERN TIDEWATER FREE CLINIC INC 2019 MEADE PKWY SUFFOLK, VA 234344259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN TIDEWATER FREE CLINIC INC 2019 MEADE PKWY SUFFOLK, VA 234344259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SUFFOLK CHRISTIAN ACADEMY 917 CAROLINA RD SUFFOLK, VA 234346020	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA BEACH MARITIME MUSEUM INC PO BOX 1035 VIRGINIA BCH, VA 234510035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY WINE CLASSIC FOUNDAT PO BOX 1175 VIRGINIA BCH, VA 234510175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHESAPEAKE BAY WINE CLASSIC FOUNDAT PO BOX 1175 VIRGINIA BCH, VA 234510175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
JUDEO-CHRISTIAN OUTREACH CENTER INC 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDEO-CHRISTIAN OUTREACH CENTER INC 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUGAR PLUM INC1353 LASKIN RD VIRGINIA BCH, VA 234516000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT ROAD VIRGINIA BEACH, VA 234516134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT ROAD VIRGINIA BEACH, VA 234516134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	907
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT ROAD VIRGINIA BEACH, VA 234516134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT ROAD VIRGINIA BEACH, VA 234516134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ORPHANETWORK 2624 SOUTHERN BLVD SUITE 101 VIRGINIA BEACH, VA 234520000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRANK W COX HIGH 2425 SHOREHAVEN DR VIRGINIA BEACH, VA 234541749	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
CAPE HENRY COLLEGIATE SCHOOL INC 1320 MILL DAM RD VIRGINIA BCH, VA 234542306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,647
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEN OF FAITH401 JULIE DR VIRGINIA BCH, VA 234543957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SECOND ACT COMMUNITIES 2400 POTTERS ROAD VIRGINIA BEACH, VA 234544377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BEGIN AGAIN FOUNDATION 2612 WILLOWLAWN WAY VIRGINIA BCH, VA 234568318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GREGORY THE GREAT SCHOOL 5343 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234621889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
UNITED JEWISH FED ENDOW FD TR REV 6 5000 CORPORATE WOODS DR STE 100 VIRGINIA BCH, VA 234624429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OPERATION BLESSING INTERNATIONAL RE 977 CENTERVILLE TPKE VIRGINIA BEACH, VA 234637701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDEWATER WINDSPO BOX 62000 VIRGINIA BCH, VA 234662000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CENTER FOR LAW AND JUSTICE 1333 REGENT UNIVERSITY DRIVE SUITE 101 VIRGINIA BCH, VA 234674429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN CENTER FOR LAW AND JUSTICE 1333 REGENT UNIVERSITY DRIVE SUITE 101 VIRGINIA BCH, VA 234674429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN VIRGINIA MEDICAL SCHOOL FOU PO BOX 5 NORFOLK, VA 235010005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
URBAN LEAGUE OF HAMPTON ROADS INC 5700 THURSTON AVENUE SUITE 200 NORFOLK, VA 235012176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA OPERA ASSOC INC PO BOX 2580 NORFOLK, VA 235012580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK, VA 235023819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 235025591	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 235025591	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 235025591	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 900 TIDEWATER DRIVE NORFOLK, VA 235043328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 900 TIDEWATER DRIVE NORFOLK, VA 235043328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NORFOLK SOCIETY FOR THE PREVENTION 916 BALLENTINE BLVD NORFOLK, VA 235044102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORFOLK STATE UNIVERSITY FOUNDATION 700 PARK AVENUE NORFOLK, VA 235048050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,153
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
NORFOLK CITY UNION OF THE KINGS DAU 601 CHILDRENS LANE 2ND FLOOR NORFOLK, VA 235071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK CITY UNION OF THE KINGS DAU 601 CHILDRENS LANE 2ND FLOOR NORFOLK, VA 235071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHAS FOUNDATION 5426 POWHATAN AVE NORFOLK, VA 235081049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHAS FOUNDATION 5426 POWHATAN AVE NORFOLK, VA 235081049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD DOMINION UNIVERSITY EDUCATIONAL 4417 MONARCH WAY 4TH FLOOR NORFOLK, VA 235082548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,475
SPIKES K9 FUND1706 MORRIS AVE NORFOLK, VA 235091221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
GENERAL DOUGLAS MACARTHUR FOUNDATIO MACARTHUR MEMORIAL NORFOLK, VA 235100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	812
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,338
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	478
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
THE CHRYSLER MUSEUM INC ONE MEMORIAL PLACE NORFOLK, VA 235101509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHRYSLER MUSEUM INC ONE MEMORIAL PLACE NORFOLK, VA 235101509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,515
CHILD & FAMILY SERVICES OF EASTERN 150 BOUSH STREET SUITE 500 NORFOLK, VA 235101637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILD & FAMILY SERVICES OF EASTERN 150 BOUSH STREET SUITE 500 NORFOLK, VA 235101637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAUTICUS1 WATERSIDE DRIVE NORFOLK, VA 235101737	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HAMPTON ROADS WORKFORCE DEVELOPMENT 999 WATERSIDE DRIVE SUITE 1314 NORFOLK, VA 235102310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
FRIENDS OF NORFOLK DEPARTMENT OF HU 999 WATERSIDE DR STE 430 NORFOLK, VA 235103324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION MISSIONPO BOX 3203 NORFOLK, VA 235143203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NARO EXPANDED VIDEO ARCHIVAL LIBRAR 1511 COLLEY AVE NORFOLK, VA 235171707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	155
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1443 NEWPORT NEWS, VA 236010443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1443 NEWPORT NEWS, VA 236010443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
VIRGINIA LIVING MUSEUM INC 524 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 236011929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 11011 WARWICK BLVD NEWPORT NEWS, VA 236013212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS ACADEMY 739 ACADEMY LN NEWPORT NEWS, VA 236027092	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
MARINERS MUSEUM100 MUSEUM DR NEWPORT NEWS, VA 236063757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MARINERS MUSEUM100 MUSEUM DR NEWPORT NEWS, VA 236063757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE VIRGINIA 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING NEWPORT NEWS, VA 236064236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GREATER PENINSULA WORKFORCE DEVELOP 11820 FOUNTAIN WAY - SUITE 301 NEWPORT NEWS, VA 236064478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SISTER CITIES OF NEWPORT NEWS INC 700 TOWN CENTER DRIVE STE 230 NEWPORT NEWS, VA 236064700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERSABILITY RESOURCES INC 2520 58TH ST HAMPTON, VA 236611228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THOMAS NELSON COMMUNITY COLLEGE EDU 99 THOMAS NELSON DRIVE HAMPTON, VA 236661433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HAMPTON UNIVERSITY 100 EAST QUEEN STREET HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY 100 EAST QUEEN STREET HAMPTON, VA 236680001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
VIRGINIA CONGRESS OF PARENTS AND TE 300 DARE RD YORKTOWN, VA 236922716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YORKTOWN FC202 OLD LAKESIDE DR YORKTOWN, VA 236922843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDMARC INC516 LONDON STREET PORTSMOUTH, VA 237042530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPCA OF PETERSBURG-COLONIAL HEIGHTS PO BOX 1174 PETERSBURG, VA 238041174	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RICHARD BLAND COLLEGE FOUNDATION IN 11301 JOHNSON RD SOUTH PRINCE GEORGE, VA 238057100	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA STATE UNIVERSITY FOUNDATIO PO BOX 9027 PETERSBURG, VA 238060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIA STATE UNIVERSITY FOUNDATIO PO BOX 9027 PETERSBURG, VA 238060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
VIRGINIA STATE UNIVERSITY FOUNDATIO PO BOX 9027 PETERSBURG, VA 238060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTERFIELD ALTERNATIVES INC PO BOX 281 CHESTERFIELD, VA 238320004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PEDIATRIC RESEARCH AND ADVOCACY INI 7624 HAMPTON GREEN DR CHESTERFIELD, VA 238322064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
PEDIATRIC RESEARCH AND ADVOCACY INI 7624 HAMPTON GREEN DR CHESTERFIELD, VA 238322064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPI4DOGS FOUNDATION 101 CABELLS CT FARMVILLE, VA 239012395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LONGWOOD UNIVERSITY201 HIGH ST FARMVILLE, VA 239091800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	975
LONGWOOD UNIVERSITY FOUNDATION INC 201 HIGH ST FARMVILLE, VA 239091800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONGWOOD UNIVERSITY FOUNDATION INC 201 HIGH ST FARMVILLE, VA 239091800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHSIDE SOCIETY FOR THE PREVENTIO PO BOX 66 MEHERRIN, VA 239540066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION OF WESTERN VIR PO BOX 1159 ROANOKE, VA 240061159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE VALLEY PRESERVATION FOUNDAT PO BOX 1366 ROANOKE, VA 240071366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROANOKE SYMPHONY ORCHESTRA 128 EAST CAMPBELL AVENUE ROANOKE, VA 240111406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROANOKE SYMPHONY ORCHESTRA 128 EAST CAMPBELL AVENUE ROANOKE, VA 240111406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAUBMAN MUSEUM OF ART 110 SALEM AVE SE ROANOKE, VA 240111410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	507
WESTERN VIRGINIA FOUNDATION FOR THE ONE MARKET SQUARE SE 2ND FLOOR ROANOKE, VA 240111429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MILL MOUNTAIN PLAYHOUSE CO 1 MARKET SQUARE SE 2ND FLOOR ROANOKE, VA 240111437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE VALLEY SPCA 1340 BALDWIN AVE NE ROANOKE, VA 240128203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRANDIN THEATRE FOUNDATION INC 1310 GRANDIN RD SW ROANOKE, VA 240152316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RESTORATION HOUSING 1116 B MAIN STREET SUITE B ROANOKE, VA 240155304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE LAND CONSERVANCY 722 1ST ST SW STE L ROANOKE, VA 240164120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HIDDEN VALLEY MIDDLE 4902 HIDDEN VALLEY SCHOOL RD ROANOKE, VA 240181199	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NORTH CROSS SCHOOL 4254 COLONIAL AVE SW ROANOKE, VA 240184009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST VIR 3433 BRAMBLETON AVE SW SUITE 202B ROANOKE, VA 240186537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BLUE RIDGE PUBLIC TELEVISION PO BOX 13246 ROANOKE, VA 240323246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,348
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,750
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4500 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	918
GERMAN CLUB ALUMNI FOUNDATION INCOR 711 SOUTHGATE DR BLACKSBURG, VA 240605423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FERRUM COLLEGEPO BOX 1000 FERRUM, VA 240889001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITH MOUNTAIN LAKE LIONS CLUB SCHO PO BOX 655 HARDY, VA 241010655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TEAMWORK MINISTRIES INTERNATIONAL I PO BOX 4001 MARTINSVILLE, VA 241154001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW RIVER COMMUNITY ACTION INC 1093 E MAIN ST RADFORD, VA 241411591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHFIELD RECOVERY & CARE CENTER PO BOX 3240 SALEM, VA 241530647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RICHFIELD FOUNDATIONPO BOX 3240 SALEM, VA 241530647	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
VIRGINIA BAPTIST CHILDRENS HOME AND 860 MOUNT VERNON LN SALEM, VA 241532700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ASSISTIVE TECHNOLOGY SERV 3579 KEMP FORD RD UNION HALL, VA 241763821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BRISTOL TRAINSTATION FOUNDATION 101 MARTIN LUTHER KING JR BLVD BRISTOL, VA 242014089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VERITAS FOUNDATION 415 CUMBERLAND ST C/O MARGIE COLLINS VERITAS ADULT DRUG TREATMEN BRISTOL, VA 242014394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SULLINS ACADEMY INC 22218 SULLINS ACADEMY DR BRISTOL, VA 242025968	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
BIRTHPLACE OF COUNTRY MUSIC ALLIANC PO BOX 1927 BRISTOL, VA 242031927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
HIGHLANDS COMMUNITY SERVICES BOARD 610 CAMPUS DR STE 220 ABINGDON, VA 242102589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLANDS COMMUNITY SERVICES BOARD 610 CAMPUS DR STE 220 ABINGDON, VA 242102589	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BARTER FOUNDATION INCORPORATED STAT PO BOX 867 ABINGDON, VA 242120867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MOUNTAIN HERITAGE INCPO BOX 1259 SAINT PAUL, VA 242831259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 244021500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,875
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 244021500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 244021500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	863
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,600
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,125
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,250
SIGMA NU EDUCATIONAL FOUNDATION INC PO BOX 1869 LEXINGTON, VA 244500305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
V M I FOUNDATION INCORPORATED PO BOX 932 LEXINGTON, VA 244500932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
V M I FOUNDATION INCORPORATED PO BOX 932 LEXINGTON, VA 244500932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,300
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,680
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,950
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,700
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE AREA FOOD BANK INC PO BOX 937 VERONA, VA 244820937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
BLUE RIDGE AREA FOOD BANK INC PO BOX 937 VERONA, VA 244820937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UNITED WAY OF CENTRAL VIRGINIA INC 1010 MILLER PARK SQ LYNCHBURG, VA 245012755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY UNIVERSITY INC 1971 UNIVERSITY BLVD LYNCHBURG, VA 245022213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
OPERATION HOME INCPO BOX 423 FOREST, VA 245510423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERATION HOME INCPO BOX 423 FOREST, VA 245510423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD HELPPO BOX 501 FOREST, VA 245510501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
APPALACHIAN MOUNTAIN MANTRAILING AN 14855 FROST RD DUNMORE, WV 249349010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
APPALACHIAN MOUNTAIN MANTRAILING AN 14855 FROST RD DUNMORE, WV 249349010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 815 COURT ST CHARLESTON, WV 253011048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COVENANT HOUSE INC 600 SHREWSBURY ST CHARLESTON, WV 253011211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF WEST VIRGINIA PUBLIC BRO 600 CAPITOL ST CHARLESTON, WV 253011223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAY CENTER FOR THE ARTS & SCIENCES 1 CLAY SQ CHARLESTON, WV 253012424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CLAY CENTER FOR THE ARTS & SCIENCES 1 CLAY SQ CHARLESTON, WV 253012424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
YOUNG WOMENS CHRISTIAN ASSOCIATION 1426 KANAWHA BLVD E CHARLESTON, WV 253013002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHARLESTON 2300 MACCORKLE AVE SE CHARLESTON, WV 253041045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF CHARLESTON 2300 MACCORKLE AVE SE CHARLESTON, WV 253041045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,556
UNIVERSITY OF CHARLESTON 2300 MACCORKLE AVE SE CHARLESTON, WV 253041045	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2829 KANAWHA BLVD E CHARLESTON, WV 253111727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CRAIK PATTON INC 2809 KANAWHA BLVD E CHARLESTON, WV 253111727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BIBLE CENTER CHURCH 1111 OAKHURST DR CHARLESTON, WV 253142259	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERBROOK ELEMENTARY SCHOOL PARENT- 218 OAKWOOD RD CHARLESTON, WV 253142303	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
UNION MISSION MINISTRIES INC PO BOX 112 CHARLESTON, WV 253210112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHARLESTON LIGHT OPERA GUILD INC PO BOX 1762 CHARLESTON, WV 253261762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA YOUTH SYMPHONY INC PO BOX 2292 CHARLESTON, WV 253282292	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GREATER KANAWHA VALLEY FOUNDATION PO BOX 3041 CHARLESTON, WV 253313041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
CHILDRENS THEATRE OF CHARLESTON INC PO BOX 11060 CHARLESTON, WV 253391060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON MONTESSORI INC PO BOX 11875 CHARLESTON, WV 253391875	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NATIONAL HUMANE EDUCATION SOCIETY PO BOX 340 CHARLES TOWN, WV 254140340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
NATIONAL HUMANE EDUCATION SOCIETY PO BOX 340 CHARLES TOWN, WV 254140340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON ST HARPERS FERRY, WV 254250000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON ST HARPERS FERRY, WV 254250000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,952
ST MICHAEL PARISH SCHOOL 1221 NATIONAL ROAD WHEELING, WV 260035707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 262012600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
WEST VIRGINIA UNIVERSITY ALUMNI ASS PO BOX 4269 MORGANTOWN, WV 265044269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FORSYTH COUNTRY DAY SCHOOL INC PO BOX 549 LEWISVILLE, NC 270230549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,949
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH COUNTRY DAY SCHOOL INC PO BOX 549 LEWISVILLE, NC 270230549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,356
WINSTON SALEM THEATRE ALLIANCE INC 1047 W NORTHWEST BLVD WINSTON SALEM, NC 271011104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 N MAIN ST STE 1900 WINSTON SALEM, NC 271013890	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SALEM ACADEMY & COLLEGE 601 S CHURCH ST WINSTON SALEM, NC 271015376	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,274
BLUE RIDGE PARKWAY FOUNDATION 717 S MARSHALL ST WINSTON SALEM, NC 271015865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ADOPTION AND RESCUE FOUNDATI 311 HARVEY ST WINSTON SALEM, NC 271031701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL ADOPTION AND RESCUE FOUNDATI 311 HARVEY ST WINSTON SALEM, NC 271031701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FORSYTH TECHNICAL COMMUNITY COLLEGE 2100 SILAS CREEK PARKWAY WINSTONSALEM, NC 271035150	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOSPITAL FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 271035614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
R J REYNOLDS HIGH 301 N HAWTHORNE ROAD WINSTON SALEM, NC 271043201	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
R J REYNOLDS HIGH 301 N HAWTHORNE ROAD WINSTON SALEM, NC 271043201	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY BAPTIST DAY SCHOOL 5000 COUNTRY CLUB ROAD WINSTON SALEM, NC 271044514	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
CALVARY BAPTIST DAY SCHOOL 5000 COUNTRY CLUB ROAD WINSTON SALEM, NC 271044514	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,150
CALVARY BAPTIST DAY SCHOOL 5000 COUNTRY CLUB ROAD WINSTON SALEM, NC 271044514	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITAKER ELEMENTARY SCHOOL CIRCLE O 2600 BUENA VISTA RD WINSTON SALEM, NC 271042106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CROSBY SCHOLARS COMMUNITY PARTNERSH 2701 UNIVERSITY PARKWAY WINSTON SALEM, NC 271050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
40 PLUS STAGE COMPANY 5780 BROOKWAY DR WINSTON SALEM, NC 271051429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,577
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
40 PLUS STAGE COMPANY 5780 BROOKWAY DR WINSTON SALEM, NC 271051429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 1023 W 14TH STREET WINSTONSALEM, NC 271055811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
WINSTON-SALEM INDUSTRIES FOR THE BL 7730 N POINT BLVD WINSTONSALEM, NC 271063310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITT HOPKINS RESEARCH FOUNDATION 200 HARMON CT WINSTON SALEM, NC 271064613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 6600 SILAS CREEK PKWY WINSTON SALEM, NC 271065058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLLIE RESCUE OF THE CAROLINAS 3227 SWAIM RD WINSTONSALEM, NC 271073675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,833
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
PAY IT FORWARD MINISTRIES INCORPORA 550 N LIBERTY ST SUITE 334 WINSTON SALEM, NC 271076549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAY IT FORWARD MINISTRIES INCORPORA 550 N LIBERTY ST SUITE 334 WINSTON SALEM, NC 271076549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,655
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,025
ABC OF NC FOUNDATION 905 FRIEDBERG CHURCH RD WINSTON SALEM, NC 271279803	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	75
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 271570001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY BAPTIST MEDI MEDICAL CENTER BLVD WINSTON SALEM, NC 271570001	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
WAKE FOREST UNIVERSITY BAPTIST MEDI MEDICAL CENTER BLVD WINSTON SALEM, NC 271570001	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
BURLINGTON DAY SCHOOL 1615 GREENWOOD TERRACE BURLINGTON, NC 272152066	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS RESOURCE CENTER IN ALAMANCE 411 WEST FIFTH STREET SUITE B BURLINGTON, NC 272153884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CIVIL AIR PATROLPO BOX 2082 BURLINGTON, NC 272162082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DENISE MARIE FLAHERTY MEMORIAL FOUN 7013 WINDSOR WAY ELON, NC 272449404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISE MARIE FLAHERTY MEMORIAL FOUN 7013 WINDSOR WAY ELON, NC 272449404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
OPEN DOOR MINISTRIES OF HIGH POINT PO BOX 1528 HIGH POINT, NC 272611528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WILDSIDES1218 WESTMINSTER DR HIGH POINT, NC 272627357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN EDUCATION CENTER INC 1917 N CENTENNIAL ST HIGH POINT, NC 272627602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
MIND GROUP HIGH POINT CITY BALL HAW 2100 BRIARCLIFF DR HIGH POINT, NC 272652431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GO FAR2432 N OLD GREENSBORO RD HIGH POINT, NC 272657254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILFORD TECHNICAL COMMUNITY COLLEG 601 EAST MAIN STREET JAMESTOWN, NC 272820309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FAMILY SERVICE OF THE PIEDMONT INC 902 BONNER DR JAMESTOWN, NC 272828948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNION CROSS TRADITIONAL ACAD 4300 HIGH POINT ROAD KERNERSVILLE, NC 272849101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION CROSS TRADITIONAL ACAD 4300 HIGH POINT ROAD KERNERSVILLE, NC 272849101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
UNITED AMERICAN PATRIOTS INC 121 SHIELDS PARK DR STE F KERNERSVILLE, NC 272843549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NORTH CAROLINA LEADERSHIP CHARTER A 4353 HIGH POINT RD KERNERSVILLE, NC 272849155	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHEPHERDS CENTER OF KERNERSVILL PO BOX 2044 KERNERSVILLE, NC 272850000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
J SMITH YOUNG YMCA INC 119 W 3RD AVE LEXINGTON, NC 272923023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
LADY BLUES SOFTBALL INC 169 PEPPERMILL DR LEXINGTON, NC 272955989	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS 4 SOLDIERS INC 173 CAROLYN LN LINWOOD, NC 272998600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
CONSERVATORS CENTER INC PO BOX 882 MEBANE, NC 273020882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
CONSERVATORS CENTER INC PO BOX 882 MEBANE, NC 273020882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVATORS CENTER INC PO BOX 882 MEBANE, NC 273020882	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	770
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
HAPPY HILLS ANIMAL FOUNDATION INC 3143 HAPPY HILLS DR STALEY, NC 273558313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY HILLS ANIMAL FOUNDATION INC 3143 HAPPY HILLS DR STALEY, NC 273558313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BAPTIST CHILDRENS HOMES OF NORTH CA BAPTIST CHILDRENS HOMES OF NORTH CAROLINA INC THOMASVILLE, NC 273610338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
MEMORIAL UNITED METHODIST CHURCH PO BOX 428 THOMASVILLE, NC 273610428	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVENUE GREENSBORO NC 27405 GREENSBORO, NC 274010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVENUE GREENSBORO NC 27405 GREENSBORO, NC 274010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	469
THE MOSES H CONE MEMORIAL HOSPITAL 1200 N ELM ST GREENSBORO, NC 274011004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO COLLEGE INC 815 W MARKET ST GREENSBORO, NC 274011823	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COMMUNITIES IN SCHOOLS OF GREATER G 122 NORTH ELM STREET SUITE 301 GREENSBORO, NC 274012818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPARROWS NEST INC 122 N ELM ST STE 503 GREENSBORO, NC 274012878	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO HISTORICAL MUSEUM INC 130 SUMMIT AVE GREENSBORO, NC 274013004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GREENSBORO HISTORICAL MUSEUM INC 130 SUMMIT AVE GREENSBORO, NC 274013004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BENNETT COLLEGE 900 E WASHINGTON ST GREENSBORO, NC 274013239	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MARKET STREET DEVELOPMENT CORP 601 B EAST MARKET STREET GREENSBORO, NC 274013267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GREENSBORO PUBLIC LIBRARY FOUNDATIO PO BOX 3178 GREENSBORO, NC 274023178	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREENSBORO ALUMNAE DELTA CULTURAL E PO BOX 3444 GREENSBORO, NC 274023444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO ALUMNAE DELTA CULTURAL E PO BOX 3444 GREENSBORO, NC 274023444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	810
UNC-G EXCELLENCE FOUNDATION PO BOX 26170 GREENSBORO, NC 274026170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
GUILFORD ADULT HEALTH INC 612 PASTEUR DRIVE SUITE 108 GREENSBORO, NC 274031119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE SERVANT CENTER INC 1312 LEXINGTON AVE GREENSBORO, NC 274033507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSEFRIENDSPO BOX 10211 GREENSBORO, NC 274040211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GLENWOOD FAMILY MINISTRIES PO BOX 10616 GREENSBORO, NC 274043034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
GLENWOOD FAMILY MINISTRIES PO BOX 10616 GREENSBORO, NC 274043034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENWOOD FAMILY MINISTRIES PO BOX 10616 GREENSBORO, NC 274043034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
PIEDMONT LAND CONSERVANCY PO BOX 4025 GREENSBORO, NC 274044025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HOME SOCIETY OF NORTH CAR 604 MEADOW ST GREENSBORO, NC 274056600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	163
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NORTH CAR 604 MEADOW ST GREENSBORO, NC 274056600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
VOLUNTEER CENTER OF GREENSBORO INC 1500 YANCEYVILLE ST GREENSBORO, NC 274056932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,456
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVE STE 1E1 GREENSBORO, NC 274057011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVE STE 1E1 GREENSBORO, NC 274057011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMENS RESOURCE CENTER OF GREENSBOR 628 SUMMIT AVE GREENSBORO, NC 274057742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FELLOWSHIP HALL INC 5140 DUNSTAN RD GREENSBORO, NC 274059565	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,540
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	12,000
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	450
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,150
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKS GLOBAL ELEMENTARY 1215 WESTOVER TER GREENSBORO, NC 274088296	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
FAMILY SUPPORT NETWORK OF CENTRAL C 801 GREEN VALLEY RD GREENSBORO, NC 274087021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
REELIN FOR RESEARCH INC 1852 BANKING STREET 9333 GREENSBORO, NC 274087222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REELIN FOR RESEARCH INC 1852 BANKING STREET 9333 GREENSBORO, NC 274087222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 620 GREEN VALLEY RD STE 210 GREENSBORO, NC 274087725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 620 GREEN VALLEY RD STE 210 GREENSBORO, NC 274087725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF GREENSBORO INC 3101 W FRIENDLY AVE GREENSBORO, NC 274087801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JUNIOR LEAGUE OF GREENSBORO INC 3101 W FRIENDLY AVE GREENSBORO, NC 274087801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF THE PIEDMONT INC 4527 W WENDOVER AVE GREENSBORO, NC 274099194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE PIEDMONT INC 4527 W WENDOVER AVE GREENSBORO, NC 274099194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHABAD LUBAVITCH OF GREENSBORO INC 1102 BEARHOLLOW RD GREENSBORO, NC 274103606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
GREENSBORO JEWISH FEDERATION 5509C W FRIENDLY AVE GREENSBORO, NC 274104211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELL-SPRING RET COMMUNITY 4100 WELL SPRING DRIVE GREENSBORO, NC 274108857	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DOWN SYNDROME NETWORK OF GREATER GR 4402 NATURAL LAKE CT GREENSBORO, NC 274109156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SAVE A LAB RESCUE 4319 GRAY BLUFF CT GREENSBORO, NC 274109301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRESCENT ROTARY CLUB FOUNDATION INC 5416 TORY HILL DR GREENSBORO, NC 274109334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CRESCENT ROTARY CLUB FOUNDATION INC 5416 TORY HILL DR GREENSBORO, NC 274109334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 274154608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DUDLEY ALUMNI ASSOCIATION PO BOX 21971 GREENSBORO, NC 274201971	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GREENSBORO LITERARY ORGANIZATION PO BOX 5256 GREENSBORO, NC 274350256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MACKAY FOUNDATION FOR CANCER RESEAR 7 THIMBLEBERRY SQ GREENSBORO, NC 274551480	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACKAY FOUNDATION FOR CANCER RESEAR 7 THIMBLEBERRY SQ GREENSBORO, NC 274551480	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATURAL SCIENCE CENTER OF GREENSBOR 4301 LAWNDALE DR GREENSBORO, NC 274551816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATURAL SCIENCE CENTER OF GREENSBOR 4301 LAWNDALE DR GREENSBORO, NC 274551816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPBELL UNIVERSITY INCPO BOX 97 BUIES CREEK, NC 275060097	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CAMPBELL UNIVERSITY INCPO BOX 97 BUIES CREEK, NC 275060097	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,518
CAMPBELL UNIVERSITY INCPO BOX 97 BUIES CREEK, NC 275060097	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPEL HILL CARRBORO PUBLIC SCHOOL PO BOX 877 CARRBORO, NC 275100877	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BAPTIST STATE CONVENTION OF NORTH C FBO CHILDRENS BKPK FOOD PROG 205 CONVENTION DR CARY, NC 275114257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
READ AND FEED193 HIGH HOUSE RD CARY, NC 275116715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ AND FEED193 HIGH HOUSE RD CARY, NC 275116715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE CARING COMMUNITY FOUNDATION INC PO BOX 1364 CARY, NC 275121364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CARY-KILDARE ROTARY FOUNDATION PO BOX 1406 CARY, NC 275121406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARY ACADEMY1500 N HARRISON AVE CARY, NC 275135549	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,300
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	860
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 275140309	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CAROLINA FOR THE KIDS FOUNDATION PO BOX 628 CHAPEL HILL, NC 275140628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOREHEAD SCHOLARSHIP FOUNDATION PO BOX 690 CHAPEL HILL, NC 275140690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF NORTH CAROLINA CHAPEL 134 E FRANKLIN ST CHAPEL HILL, NC 275143616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EXTRAORDINARY VENTURES INC 200 S ELLIOTT RD CHAPEL HILL, NC 275145830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXTRAORDINARY VENTURES INC 200 S ELLIOTT RD CHAPEL HILL, NC 275145830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EDUCATIONAL FOUNDATION INC PO BOX 2446 CHAPEL HILL, NC 275152446	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
PORCH CHAPEL HILL-CARRBORO 218 LAKE MANOR RD CHAPEL HILL, NC 275164321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNC ESHELMAN SCHOOL OF PHARMACY FOU 194 FINLEY GOLF COURSE RD STE 106 CHAPEL HILL, NC 275174401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRIDGE TO TURKIYE100 FOX BRIAR LN CARY, NC 275188311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,655
BRIDGE TO TURKIYE100 FOX BRIAR LN CARY, NC 275188311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER AID 115 LOCHWOOD WEST DR CARY, NC 275189742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANURAAG FOUNDATION 155 PRESIDENTS WALK LN CARY, NC 275199337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
ANURAAG FOUNDATION 155 PRESIDENTS WALK LN CARY, NC 275199337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTTWEILER HEARTS RESCUE 404 LOBLOLLY CIR CLAYTON, NC 275207401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MILITARY MISSIONS IN ACTION 411-B N JUDD PARKWAY NE FUQUAY VARINA, NC 275260000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ZOE MINISTRY 700 WATERFIELD RIDGE PL GARNER, NC 275293365	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOE MINISTRY 700 WATERFIELD RIDGE PL GARNER, NC 275293365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	511
HOME HEALTH AND HOSPICE CARE INC 2402 WAYNE MEMORIAL DR GOLDSBORO, NC 275341728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
SOUTHEASTERN BAPTIST THEOLOGICAL SE 120 S WINGATE ST WAKE FOREST, NC 275872530	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING GRACE ANIMALS FOR ADOPTION I 13400 OLD CREEDMOOR RD WAKE FOREST, NC 275878543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNC LAW FOUNDATION INC VAN HECKE- W VAN HECKE WETTACH HALL STE CB3380 CHAPEL HILL, NC 275990001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF NORTH CAROLINA AT CHA 104 AIRPORT DR CB 1270 CHAPEL HILL, NC 275995023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 N BLOUNT ST 2ND FL RALEIGH, NC 276011068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 N BLOUNT ST 2ND FL RALEIGH, NC 276011068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GLOBAL HOPE INDIA 400 FAYETTEVILLE ST STE E RALEIGH, NC 276011704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFECHILD864 W MORGAN ST RALEIGH, NC 276031614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SAFECHILD864 W MORGAN ST RALEIGH, NC 276031614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,600
SAFECHILD864 W MORGAN ST RALEIGH, NC 276031614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF WAKE COUNTY INC 1001 BLAIR DR SUITE 100 RALEIGH, NC 276032030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MEALS ON WHEELS OF WAKE COUNTY INC 1001 BLAIR DR SUITE 100 RALEIGH, NC 276032030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MEALS ON WHEELS OF WAKE COUNTY INC 1001 BLAIR DR SUITE 100 RALEIGH, NC 276032030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEELS4HOPE 929 S SAUNDERS STREET RALEIGH, NC 276032243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WHEELS4HOPE 929 S SAUNDERS STREET RALEIGH, NC 276032243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WAKE TECHNICAL COMMUNITY COLLEGE FO 9101 FAYETTEVILLE RD RALEIGH, NC 276035655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,400
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILLIAM PEACE UNIVERSITY 15 EAST PEACE STREET RALEIGH, NC 276041194	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,456
HABITAT FOR HUMANITY INTERNATIONAL 2420 N RALEIGH BLVD RALEIGH, NC 276042235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2420 N RALEIGH BLVD RALEIGH, NC 276042235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
HABITAT FOR HUMANITY INTERNATIONAL 2420 N RALEIGH BLVD RALEIGH, NC 276042235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 2420 N RALEIGH BLVD RALEIGH, NC 276042235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE RABBITS INC 4640 FOREST HIGHLAND DR RALEIGH, NC 276048417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE RALEIGH FINE ARTS SOCIETY INC PO BOX 10614 RALEIGH, NC 276050614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE RALEIGH FINE ARTS SOCIETY INC PO BOX 10614 RALEIGH, NC 276050614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA WILDLIFE FEDERATION PO BOX 10626 RALEIGH, NC 276050626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
THE FAMILY VIOLENCE PREVENTION CENT 1012 OBERLIN ROAD SUITE 100 RALEIGH, NC 276051242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY VIOLENCE PREVENTION CENT 1012 OBERLIN ROAD SUITE 100 RALEIGH, NC 276051242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROTARY CLUB OF WEST RALEIGH CHARITA PO BOX 12111 RALEIGH, NC 276052111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE NORTH CAROLINA PUBLIC TELEVISIO PO BOX 12231 RALEIGH, NC 276052231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASAP O BOX 12545 RALEIGH, NC 276052545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,400
WAKE COUNTY SMARTSTART 4901 WATERS EDGE DR STE 101 RALEIGH, NC 276062464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	998
LEADERSHIP NORTH CAROLINA INC 2700 WYCLIFF RD STE 402 RALEIGH, NC 276073062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL GIBBONS HIGH SCHOOL 1401 EDWARDS MILL RD RALEIGH, NC 276073616	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	562
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CTR DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	534
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CTR DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CTR DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 276075486	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 276075486	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 276075486	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 276082042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NAMI NORTH CAROLINA INC 309 W MILLBROOK RD STE 121 RALEIGH, NC 276094394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORTH CAROLINA CENTER FOR THE CARE 1004 DRESSER CT STE 107 RALEIGH, NC 276097325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST DAVIDS SCHOOL 3400 WHITE OAK RD RALEIGH, NC 276097621	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
TRIANGLE RADIO READING SERVICE 211 E SIX FORKS RD STE 103 RALEIGH, NC 276097743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DRIVE RALEIGH, NC 276101821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKIE LEMMON SCHOOL AND DEVELOPME 3311 CARL SANDBURG CT RALEIGH, NC 276102047	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
A PLACE AT THE TABLEPO BOX 26205 RALEIGH, NC 276116205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A PLACE AT THE TABLEPO BOX 26205 RALEIGH, NC 276116205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PLACE AT THE TABLEPO BOX 26205 RALEIGH, NC 276116205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
A PLACE AT THE TABLEPO BOX 26205 RALEIGH, NC 276116205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
A PLACE AT THE TABLEPO BOX 26205 RALEIGH, NC 276116205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN MINISTRIES OF WAKE COUNTY INC PO BOX 26476 RALEIGH, NC 276116476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
URBAN MINISTRIES OF WAKE COUNTY INC PO BOX 26476 RALEIGH, NC 276116476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	213
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	497
FRIENDS OF NC STATE MUSEUM OF NATUR PO BOX 26928 RALEIGH, NC 276116928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF NC STATE MUSEUM OF NATUR PO BOX 26928 RALEIGH, NC 276116928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
THE HISTORIC PRESERVATION FOUNDATIO PO BOX 27644 RALEIGH, NC 276117644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CIVIL LIBERTIES UNION OF N PO BOX 28004 RALEIGH, NC 276118004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF N PO BOX 28004 RALEIGH, NC 276118004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TELAMON CORPORATION 5560 MUNFORD RD STE 201 RALEIGH, NC 276122731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
PREVENT CHILD ABUSE NORTH CAROLINA 3701 NATIONAL DR SUITE 211 RALEIGH, NC 276124863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
ROMAN CATHOLIC DIOCESE OF RALEIGH 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
CATHOLIC CHARITIES OF THE DIOCESE O 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CATHOLIC CHARITIES OF THE DIOCESE O 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
PTA NORTH CAROLINA CONGREGATION 8402 PRIDE WAY RALEIGH, NC 276134161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 8402 PRIDE WAY RALEIGH, NC 276134161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREY MUZZLE ORGANIZATION 14460 FALLS OF NEUSE RD STE 149-269 RALEIGH, NC 276148227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREY MUZZLE ORGANIZATION 14460 FALLS OF NEUSE RD STE 149-269 RALEIGH, NC 276148227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JILL M TAYLOR DANCE COMPANY 1921 FALLS LANDING DR UNIT 101 RALEIGH, NC 276149829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
JILL M TAYLOR DANCE COMPANY 1921 FALLS LANDING DR UNIT 101 RALEIGH, NC 276149829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MAGELLAN CHARTER SCHOOL 9324 BAILEYWICK RD RALEIGH, NC 276151909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGELLAN PARTNERS FOR EDUCATION 9324 BAILEYWICK RD RALEIGH, NC 276151909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAGELLAN EDUCATION FOUNDATION INC 9324 BAILEYWICK RD RALEIGH, NC 276151909	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
MARCH OF DIMES INC 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 276155291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HAVEN FOR CATS 8431 GARVEY DR STE 137 RALEIGH, NC 276163267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
SAFE HAVEN FOR CATS 8431 GARVEY DR STE 137 RALEIGH, NC 276163267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAFE HAVEN FOR CATS 8431 GARVEY DR STE 137 RALEIGH, NC 276163267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DERECK WHITTENBURG FOUNDATION 8311 BRIER CREEK PARKWAY 105443 RALEIGH, NC 276177328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
PLM FAMILIES TOGETHER INC PO BOX 14395 RALEIGH, NC 276204395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
LOAVES AND FISHES MINISTRY INC PO BOX 14596 RALEIGH, NC 276204596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MS EVENTSPO BOX 30414 RALEIGH, NC 276220414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 32188 RALEIGH, NC 276222188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RALEIGH ACADEMY OF CHINESE LANGUAGE PO BOX 50375 RALEIGH, NC 276506375	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALEIGH ACADEMY OF CHINESE LANGUAGE PO BOX 50375 RALEIGH, NC 276506375	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
OPERATION CATNIP INCPO BOX 90744 RALEIGH, NC 276750744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPERATION CATNIP INCPO BOX 90744 RALEIGH, NC 276750744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU PO BOX 7207 RALEIGH, NC 276950001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276950001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	225
NC STATE NATURAL RESOURCES FOUNDATI NCSU BOX 7207 RALEIGH, NC 276957207	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY COL NCSU BOX 7207 RALEIGH, NC 276957207	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
NC STATE NATURAL RESOURCES FOUNDATI NCSU BOX 7207 RALEIGH, NC 276957207	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,898
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	700
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	8,540
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,040
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	420
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
NORTH CAROLINA STATE UNIVERSITY C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
NORTH CAROLINA STATE UNIVERSITY C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NORTH CAROLINA STATE UNIVERSITY C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY ALU CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
NORTH CAROLINA STATE UNIVERSITY ALU CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
IMMACULATA CATHOLIC SCHOOL 721 BURCH AVENUE DURHAM, NC 277012811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST IN FAMILIES OF NORTH CAROLINA 909 BURCH AVE DURHAM, NC 277012815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMILY KRZYZEWSKI FAMILY LIFE CENTER 904 W CHAPEL HILL ST DURHAM, NC 277013060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
DURHAM ARTS COUNCIL INC 120 MORRIS ST DURHAM, NC 277013242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY OF DURHAM INC 215 N CHURCH ST DURHAM, NC 277013327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF DURHAM INC 215 N CHURCH ST DURHAM, NC 277013327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY OF DURHAM INC 215 N CHURCH ST DURHAM, NC 277013327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 277013659	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 277013659	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,700
DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 277013659	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,250
CHORDOMA FOUNDATIONPO BOX 2127 DURHAM, NC 277022127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHORDOMA FOUNDATIONPO BOX 2127 DURHAM, NC 277022127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OUTSTRETCHED HANDS COMMUNITY DEVELO PO BOX 11617 DURHAM, NC 277030617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROASDAILE VILLAGE RESIDENTS ASSOCI 2600 CROASDAILE FARM PARKWAY DURHAM, NC 277051331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRINITY SCHOOL OF DURHAM AND CHAPEL 4011 PICKETT RD DURHAM, NC 277055335	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRINITY SCHOOL OF DURHAM AND CHAPEL 4011 PICKETT RD DURHAM, NC 277055335	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILL CENTER INC3200 PICKETT RD DURHAM, NC 277056010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,975
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,800
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION AT DUKE UNIVERSITY CHA PO BOX 90974 DURHAM, NC 277080974	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KINGS PARK INTERNATIONAL CHURCH INC PO BOX 13892 DURHAM, NC 277093892	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
THE BANKS LAW FIRM FOUNDATION PO BOX 14350 RTP, NC 277094350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	985
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIKA JAMES FOUNDATION 6208 FAYETTEVILLE RD STE 106 DURHAM, NC 277136286	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
ANIKA JAMES FOUNDATION 6208 FAYETTEVILLE RD STE 106 DURHAM, NC 277136286	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD ST DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DURHAM COLORED LIBRARY INCORPORATED PO BOX 2736 DURHAM, NC 277152736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 278048699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
EAST CAROLINA UNIVERSITY MEDICAL & 525 MOYE BLVD GREENVILLE, NC 278342849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY MEDICAL & 525 MOYE BLVD GREENVILLE, NC 278342849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OAKWOOD SCHOOL 4000 MACGREGOR DOWNS RD GREENVILLE, NC 278347413	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY HEALTH SYSTEMS OF EASTER PO BOX 6028 GREENVILLE, NC 278356028	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGE GALLERY ART CENTER 404 EVANS ST GREENVILLE, NC 278581834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF THE COASTAL P 1003 RED BANKS RD GREENVILLE, NC 278585908	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
BARTON COLLEGEP O BOX 5000 WILSON, NC 278937000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTON COLLEGEP O BOX 5000 WILSON, NC 278937000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BARTON COLLEGEP O BOX 5000 WILSON, NC 278937000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WILSON DOWNTOWN PROPERTIES INC PO BOX 10 WILSON, NC 278940010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES H DARDEN HIGH SCHOOL ALUMNI PO BOX 2031 WILSON, NC 278942031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISTORICAL PRESERVATION FUND OF WIL PO BOX 2741 WILSON, NC 278942741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WILSON FAMILY YOUNG MENS CHRISTIAN 3436 AIRPORT BLVD NW STE C WILSON, NC 278960000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODLAND COMMUNITY OUTREACH INC PO BOX 314 WOODLAND, NC 278970314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HOSPICE OF STANLY COUNTY INC 960 N 1ST ST ALBEMARLE, NC 280013350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA PO BOX 25032252 HWY 24/27 ALBEMARLE, NC 280020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPNGS, NC 280100001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPNGS, NC 280100001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPNGS, NC 280100001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,222
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
HOUSE OF MERCY INCPO BOX 808 BELMONT, NC 280120808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSE OF MERCY INCPO BOX 808 BELMONT, NC 280120808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF MERCY INCPO BOX 808 BELMONT, NC 280120808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HOUSE OF MERCY INCPO BOX 808 BELMONT, NC 280120808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT CITIZENS POLICE ACADEMY ALU PO BOX 1321 BELMONT, NC 280121321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELMONT CITIZENS POLICE ACADEMY ALU PO BOX 1321 BELMONT, NC 280121321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT MIDDLE SCHOOL PTO INC 110 N CENTRAL AVE BELMONT, NC 280123636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BELMONT CENTRAL ELEMENTARY SCHOOL P 310 EAGLE RD BELMONT, NC 280123721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
GARDNER-WEBB UNIVERSITY PO BOX 897 BOILING SPGS, NC 280170897	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDNER-WEBB UNIVERSITY PO BOX 997 BOILING SPGS, NC 280170997	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
TREW LOVE RESCUE & SANCTUARY 3114 BOSTIC SUNSHINE HWY BOSTIC, NC 280187533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MAIN STREET MISSION OF CHINA GROVE 306 S MAIN ST CHINA GROVE, NC 280232424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIN STREET MISSION OF CHINA GROVE 306 S MAIN ST CHINA GROVE, NC 280232424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
HORSE PROTECTION SOCIETY OF NORTH C 2135 MILLER RD CHINA GROVE, NC 280239794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,070
COLTRANE-WEBB ELEMENTARY 61 SPRING ST NW CONCORD, NC 280254748	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOTS ELEMENTARY PTO 1510 HOLDEN AVE CONCORD, NC 280258540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
CAROLINAS OUTREACH TO HAITI INC 700 WHIPPOORWILL LN CONCORD, NC 280259176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CABARRUS ARTS COUNCIL INC PO BOX 809 CONCORD, NC 280260809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CABARRUS COOPERATIVE CHRISTIAN MINI PO BOX 1717 CONCORD NC 28026 CONCORD, NC 280261717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	505
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	14,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,685
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,390
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,950
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 280277575	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FAMILY OF FAITH LUTHERAN CHURCH 240 PITTS SCHOOL RD N W CONCORD, NC 280270305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CONCORD & GREATER 2010 WILSHIRE COURT CONCORD, NC 280271506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KREITZERS CRITTER CORRAL PUPPYRESCU 4836 ASHERTON PL NW CONCORD, NC 280273433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
KREITZERS CRITTER CORRAL PUPPYRESCU 4836 ASHERTON PL NW CONCORD, NC 280273433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KREITZERS CRITTER CORRAL PUPPYRESCU 4836 ASHERTON PL NW CONCORD, NC 280273433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,425
KREITZERS CRITTER CORRAL PUPPYRESCU 4836 ASHERTON PL NW CONCORD, NC 280273433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KREITZERS CRITTER CORRAL PUPPYRESCU 4836 ASHERTON PL NW CONCORD, NC 280273433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRIS ROAD MIDDLE SCHOOL STUDENT P 1251 PATRIOT PLANTATION BLVD CONCORD, NC 280273511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HARRIS ROAD MIDDLE SCHOOL STUDENT P 1251 PATRIOT PLANTATION BLVD CONCORD, NC 280273511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	725
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA INTERNATIONAL SCHOOL 9545 POPLAR TENT RD CONCORD, NC 280279512	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
KIWANIS CLUB FOUNDATION OF LAKE NOR PO BOX 2543 CORNELIUS, NC 280312543	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ROBIN ANTOINETTE ARTS FOR ALL 19700 W CATAWBA AVE STE B CORNELIUS, NC 280314074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELIUS YOUTH ORCHESTRAS 19701 BETHEL CHURCH RD 103-147 CORNELIUS, NC 280315912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
BETHEL BSA TROOP 72 INC 19825 NORTH COVE ROAD 178 CORNELIUS, NC 280316446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BETHEL BSA TROOP 72 INC 19825 NORTH COVE ROAD 178 CORNELIUS, NC 280316446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL BSA TROOP 72 INC 19825 NORTH COVE ROAD 178 CORNELIUS, NC 280316446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 20310 N MAIN ST CORNELIUS, NC 280318520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
HABITAT FOR HUMANITY INTERNATIONAL 20310 N MAIN ST CORNELIUS, NC 280318520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD CARE CENTER INC 19711 SMITH CIR CORNELIUS, NC 280319725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS FOR LAWSON INC 420 MAYMONT DR CRAMERTON, NC 280321611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ABBY GRACE FOUNDATION PO BOX 1023 DALLAS, NC 280341023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON COLLEGE FOUNDATION INC GASTON COLLEGE 201 HWY 321 S DALLAS, NC 280341402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DAVIDSON COLLEGEPO BOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,090
DAVIDSON COLLEGEPO BOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,218
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEPO BOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,643
DAVIDSON COLLEGEPO BOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,275
DAVIDSON COLLEGEPO BOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,165
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COMMUNITY PLAYERS PO BOX 76 DAVIDSON, NC 280360076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WOODLAWN SCHOOLPO BOX 549 DAVIDSON, NC 280360549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
DAVIDSON HOUSING COALITION PO BOX 854 DAVIDSON, NC 280360854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON HOUSING COALITION PO BOX 854 DAVIDSON, NC 280360854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DAVIDSON HOUSING COALITION PO BOX 854 DAVIDSON, NC 280360854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DAVIDSON DAY SCHOOL 750 JETTON ST DAVIDSON, NC 280367104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN EILEEN KILEY FOUNDATION INC 17915 GOLDEN MEADOW CT DAVIDSON, NC 280367870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAKE NORMAN CHRISTIAN SCHOOL PO BOX 4267 DAVIDSON, NC 280368101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CATAWBA SPRINGS ELEMENTARY 206 NORTH LITTLE EGYPT RD DENVER, NC 280379509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA SPRINGS ELEMENTARY 206 NORTH LITTLE EGYPT RD DENVER, NC 280379509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	3,000
CATAWBA SPRINGS ELEMENTARY 206 NORTH LITTLE EGYPT RD DENVER, NC 280379509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
HELPING ANIMALS TO SURVIVE PO BOX 243 DENVER, NC 280370243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA SPRINGS ELEMENTARY PTO 206 N LITTLE EGYPT RD DENVER, NC 280378015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CHARTER SCHOOL INC 7834 GALWAY LN DENVER, NC 280378600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
EAST LINCOLN HIGH6471 HWY 73 DENVER, NC 280379527	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
ANIMAL LEAGUE OF GASTON COUNTY 425 W FRANKLIN BLVD GASTONIA, NC 280523824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON COUNTY SCHOOLS PO BOX 1397 GASTONIA, NC 280531397	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF GASTON COUN PO BOX 123 GASTONIA, NC 280530123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GASTON CHORAL SOCIETY INCORPORATED PO BOX 293 GASTONIA, NC 280530293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON CHORAL SOCIETY INCORPORATED PO BOX 293 GASTONIA, NC 280530293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PIEDMONT COMMUNITY CHARTER SCHOOL PO BOX 3706 GASTONIA, NC 280540038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
DESTINY LIVES ON FOUNDATION 4033 AVERY PL GASTONIA, NC 280562206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH KINGDOM DEVELOPMENT PO BOX 6082 GASTONIA, NC 280566000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
GASTON DAY SCHOOL INC 2001 GASTON DAY SCHOOL RD GASTONIA, NC 280567514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
GASTON DAY SCHOOL INC 2001 GASTON DAY SCHOOL RD GASTONIA, NC 280567514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON DAY SCHOOL INC 2001 GASTON DAY SCHOOL RD GASTONIA, NC 280567514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FORESTVIEW HIGH SCHOOL JAGUAR BOOST 5545 UNION RD GASTONIA, NC 280568127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FORESTVIEW HIGH SCHOOL PARENT TEACH 5545 UNION RD GASTONIA, NC 280568127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON CHRISTIAN SCHOOLS INC 1625 LOWELL BETHESDA RD GASTONIA, NC 280569496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
GASTON CHRISTIAN SCHOOLS INC 1625 LOWELL BETHESDA RD GASTONIA, NC 280569496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GASTON CHRISTIAN SCHOOLS INC 1625 LOWELL BETHESDA RD GASTONIA, NC 280569496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMAZING GRACE FOUNDATION PO BOX 2962 HUNTERSVILLE, NC 280702962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM ON 3 4311 SCHOOL HOUSE COMMONS RD HARRISBURG, NC 280757510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DREAM ON 3 4311 SCHOOL HOUSE COMMONS RD HARRISBURG, NC 280757510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	253
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AISLINNS WISH FOUNDATION 4449 BRITLEY LN HARRISBURG, NC 280759621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
LONG CREEK ELEMENTARY 9213-A BEATTIES FORD RD HUNTERSVILLE, NC 280788442	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LONG CREEK ELEMENTARY 9213-A BEATTIES FORD RD HUNTERSVILLE, NC 280788442	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SWEET TOOTH 15013 ROSEMARY WAY DR HUNTERSVILLE, NC 280784668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,125
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	725
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE GOLFERS FOR CHARITY 8930 PARKCREST ST HUNTERSVILLE, NC 280786711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,185
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,915
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	615
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
PARENTS OF ALLERGIC KIDS PO BOX 1634 INDIAN TRAIL, NC 280791634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FURBABIES ANIMAL RESCUE 3007 BACK STRETCH BLVD INDIAN TRAIL, NC 280795748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN TRAIL ELEMENTARY PTO 200 EDUCATION RD INDIAN TRAIL, NC 280797629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	465
HEMBY BRIDGE ELEMENTARY PARENT-TEA 6701 INDIAN TRAIL FAIRVIEW RD INDIAN TRAIL, NC 280798583	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PFLAG INC5513 COFTON AVE KANNAPOLIS, NC 280810000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	92
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	46
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	230
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	138
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COCKER RESCUE OF NC INC 923 LONGVIEW AVE KANNAPOLIS, NC 280814874	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE COCKER RESCUE OF NC INC 923 LONGVIEW AVE KANNAPOLIS, NC 280814874	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CORRIHER LIPE MIDDLE214 W RICE ST LANDIS, NC 280881726	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS PREGNANCY CENTER OF LINCOLN 112 DOCTORS PARK LINCOLNTON, NC 280924406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LINCOLN CHARTER SCHOOL PARENT TEACH 133 EAGLE NEST RD LINCOLNTON, NC 280927383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
LINCOLN COUNTY COALITION AGAINST CH PO BOX 652 LINCOLNTON, NC 280930652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDDINGTON CHRISTIAN ACADEMY 13901 PROVIDENCE ROAD WEDDINGTON, NC 281049371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WEDDINGTON HIGH SCHOOL PARENT TEACH 4901 MONROE WEDDINGTON ROAD MATTHEWS, NC 281040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WEDDINGTON HIGH SCHOOL PARENT TEACH 4901 MONROE WEDDINGTON ROAD MATTHEWS, NC 281040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT ASSOCIATION MCA 2332 MOUNT HARMONY CHURCH ROAD MATTHEWS, NC 281040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
WEDDINGTON HIGH SCHOOL PARENT TEACH 4901 MONROE WEDDINGTON ROAD MATTHEWS, NC 281040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
SOUTHBROOK COMMUNITY CHURCH 5607 MONROE WEDDINGTON RD WEDDNGTON, NC 281046270	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WMS PTSO INC5903 DEAL RD MATTHEWS, NC 281047973	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
UNION COUNTY PUBLIC SCHOOLS 5903 DEAL RD MATTHEWS, NC 281047973	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
UNION COUNTY PUBLIC SCHOOLS 5903 DEAL RD MATTHEWS, NC 281047973	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 281047992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,450
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 281047992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 281047992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF UNION COUNTY NC 1930 WEDDINGTON RD WEDDINGTON, NC 281048318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
WEDDINGTON ELEMENTARY SCHOOL PTO 3927 TWELVE MILE CREEK RD MATTHEWS, NC 281049236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
COVENANT DAY SCHOOL INC 800 FULLWOOD ROAD MATTHEWS, NC 281052661	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT DAY SCHOOL INC 800 FULLWOOD ROAD MATTHEWS, NC 281052661	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
COVENANT DAY SCHOOL INC 800 FULLWOOD ROAD MATTHEWS, NC 281052661	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
COVENANT DAY SCHOOL INC 800 FULLWOOD ROAD MATTHEWS, NC 281052661	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,450
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ELIZABETH LANE ELEM 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH LANE ELEM 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
ELIZABETH LANE ELEM 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	503
CHRISTIAN ADOPTION SERVICES INC 624 MATTHEWS MINT HILL RD STE 100 MATTHEWS, NC 281051775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS GRANT HIGH SCHOOL VIP 10323 IDLEWILD RD MATTHEWS, NC 281051910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ADULT DAY AND HEALTH CARE SERVICES 13001 IDLEWILD ROAD MATTHEWS, NC 281053830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILIES MANAGING MEDIA INC 301 E JOHN ST 163 MATTHEWS, NC 281054837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOWCASE BASEBALL ACADEMY LLC 12857 E INDEPENDENCE BLVD STE J MATTHEWS, NC 281054912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
SHOWCASE BASEBALL ACADEMY LLC 12857 E INDEPENDENCE BLVD STE J MATTHEWS, NC 281054912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
CHRIST OUR SHEPERD MINISTRIES 226 W JOHN ST MATTHEWS, NC 281055336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS ELEMENTARY 200 MCDOWELL ST MATTHEWS, NC 281055773	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MATTHEWS ELEMENTARY 200 MCDOWELL ST MATTHEWS, NC 281055773	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
MATTHEWS ELEMENTARY 200 MCDOWELL ST MATTHEWS, NC 281055773	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	217
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,654
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FORCHARLOTTE INC 7427 MATTHEWS-MINT HILL ROAD SUITE 105-199 CHARLOTTE, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
SOCRATES ACADEMY INC 3909 WEDDINGTON RD MATTHEWS, NC 281056673	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	555
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,403
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 281057586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 281057586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT 658 INC117 SADIE DR STE B MATTHEWS, NC 281059711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS PLAYHOUSE OF PERFORMING AR 100 E MCDOWELL ST MATTHEWS, NC 281059746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
MATTHEWS ATHLETIC RECREATION ASSOCI PO BOX 1023 MATTHEWS, NC 281061023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MATTHEWS ATHLETIC RECREATION ASSOCI PO BOX 1023 MATTHEWS, NC 281061023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS ATHLETIC RECREATION ASSOCI PO BOX 1023 MATTHEWS, NC 281061023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAFE ANIMAL HAVEN SPARY NEUTER ADOP PO BOX 3206 MATTHEWS, NC 281063206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAFE ANIMAL HAVEN SPARY NEUTER ADOP PO BOX 3206 MATTHEWS, NC 281063206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED EXPANSION COMMITTEE INC 9621 REED MINE RD MIDLAND, NC 281079673	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REED EXPANSION COMMITTEE INC 9621 REED MINE RD MIDLAND, NC 281079673	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
REED EXPANSION COMMITTEE INC 9621 REED MINE RD MIDLAND, NC 281079673	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED EXPANSION COMMITTEE INC 9621 REED MINE RD MIDLAND, NC 281079673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,525
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,750
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
H E L P CENTER INC 1700 SECREST SHORTCUT RD MONROE, NC 281102454	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
H E L P CENTER INC 1700 SECREST SHORTCUT RD MONROE, NC 281102454	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
UNION ACADEMY FOUNDATION 675 N MARTIN LUTHER KING JR BLVD MONROE, NC 281108119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION ACADEMY FOUNDATION 675 N MARTIN LUTHER KING JR BLVD MONROE, NC 281108119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNION ACADEMY FOUNDATION 675 N MARTIN LUTHER KING JR BLVD MONROE, NC 281108119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	730
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	710
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
FAIRVIEW PARENT TEACHER ORGANIZATIO 110 CLONTZ RD MONROE, NC 281109794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
COUNCIL ON AGING IN UNION COUNTY PO BOX 185 MONROE, NC 281110185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARKWOOD MIDDLE 3219 PARKWOOD SCHOOL RD MONROE, NC 281127540	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWOOD MIDDLE 3219 PARKWOOD SCHOOL RD MONROE, NC 281127540	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
UNION COUNTY COMMUNITY SHELTER 311 E JEFFERSON ST MONROE, NC 281124825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNION COUNTY COMMUNITY SHELTER 311 E JEFFERSON ST MONROE, NC 281124825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE UNION COUNTY ANIMALS 3340 PRESSON RD MONROE, NC 281129140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE UNION COUNTY ANIMALS 3340 PRESSON RD MONROE, NC 281129140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUBILEE HOUSE COMMUNITY 1019 TROY MEDLIN RD MONROE, NC 281129449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	612
MOORESVILLE AREA CHRISTIAN MISSION PO BOX 62 MOORESVILLE, NC 281150062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKVIEW ELEMENTARY SCHOOL PTO 217 W MCNEELY AVE MOORESVILLE, NC 281152290	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	144
AA COMMUNITY PREGNANCY CENTER 212 CALDWELL AVE MOORESVILLE, NC 281153213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MT MOURNE IB PTSO 1431 MECKLENBURG HWY MOORESVILLE, NC 281157841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT MOURNE IB PTSO 1431 MECKLENBURG HWY MOORESVILLE, NC 281157841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TRIPLETT UNITED METHODIST CHURCH CH 838 MAZEPPA RD MOORESVILLE, NC 281157934	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LAKE NORMAN HIGH SCHOOL PARENT TEAC PO BOX 4865 MOORESVILLE, NC 281174865	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA COMFORT COALITION 110 CENTRE CHURCH DR MOORESVILLE, NC 281176379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CAROLINA COMFORT COALITION 110 CENTRE CHURCH DR MOORESVILLE, NC 281176379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GLOBAL POST-TRAUMATIC STRESS INJURY 129 FAST LANE MOORESVILLE, NC 281176421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE MIDDLE SCHOOL PARENT TEAC 244 LAKESHORE SCHOOL DR MOORESVILLE, NC 281178483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
LAKE NORMAN HIGH SCHOOL ATHLETIC AS 186 DOOLIE RD MOORESVILLE, NC 281179087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAKE NORMAN HIGH SCHOOL ATHLETIC AS 186 DOOLIE RD MOORESVILLE, NC 281179087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEWOOD ELEMENTARY 1925 N MAIN STREET MOUNT HOLLY, NC 281209401	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,925
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY WITH PURPOSE PET RESORT AND RE PO BOX 931 PINEVILLE, NC 281340931	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RUTHERFORD COUNTY HUMANE SOCIETY IN PO BOX 998 RUTHERFORDTON, NC 281390998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PREVENT CHILD ABUSE ROWAN 130 WOODSON ST SALISBURY, NC 281443256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY CARE CLINIC OF ROWAN COUN 315 G MOCKSVILLE AVE SALISBURY, NC 281443346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD FOR THOUGHT OF ROWAN COUNTY 131 W COUNCIL ST SALISBURY, NC 281444320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAND TRUST FOR CENTRAL NORTH CAROLI 204 E INNES STREET SUITE 280 SALISBURY, NC 281445191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PREVENT CHILD ABUSE ROWAN 130 WOODSON AVENUE SALISBURY, NC 281450591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LUTHERAN FAMILY SERVICES IN THE CAR PO BOX 947 SALISBURY, NC 281450947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 3356 SALISBURY, NC 281453356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMPASS AVIATION INCPO BOX 307 SHELBY, NC 281510307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMPASS AVIATION INCPO BOX 307 SHELBY, NC 281510307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND COUNTY FAMILY YMCA INC PO BOX 2272 SHELBY, NC 281512272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CARE2SHARE OF THE CAROLINAS PO BOX 1051 TROUTMAN, NC 281667653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
IRONSTONE LANE RESCUE AND STABLES 127 IRONSTONE LN TROUTMAN, NC 281668734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAXHAW PACK 53 CUB SCOUTS 200 MCDONALD STREET C/O WAXHAW UNITED METHODIST CHURCH WAXHAW, NC 281730000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAXHAW PACK 53 CUB SCOUTS 200 MCDONALD STREET C/O WAXHAW UNITED METHODIST CHURCH WAXHAW, NC 281730000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNION DAY SCHOOL PARENT-TEACHER ORG PO BOX 1286 WAXHAW, NC 281730103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	635
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE HIGH SCHOOL PARENTTEAC 2825 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MARVIN RIDGE HIGH SCHOOL PARENTTEAC 2825 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
MARVIN RIDGE HIGH SCHOOL PARENTTEAC 2825 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE MIDDLE SCHOOL PARENT T 2831 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION OF TAMIL SANGAMS OF NORT 1803 GRAYSCROFT DR WAXHAW, NC 281736681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FEDERATION OF TAMIL SANGAMS OF NORT 1803 GRAYSCROFT DR WAXHAW, NC 281736681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
ISABELLA SANTOS FOUNDATION 526 BRIAR PATCH TER WAXHAW, NC 281736824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARA GUIDE FOUNDATION 4016 PINEBROOK LN WAXHAW, NC 281737079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARA GUIDE FOUNDATION 4016 PINEBROOK LN WAXHAW, NC 281737079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEGACY SPORTS INC 5404 COTTON TOP CT WAXHAW, NC 281737098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY SPORTS INC 5404 COTTON TOP CT WAXHAW, NC 281737098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAROLINA VIPERS BASEBALL ACADEMY IN 8001 AVANTI DR WAXHAW, NC 281737344	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KPSNA CHARITABLE FOUNDATION INC 6049 OXFORDSHIRE RD WAXHAW, NC 281737371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAXHAW ELEMENTARY PTO 1101 OLD PROVIDENCE RD WAXHAW, NC 281737924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN ELEMENTARY SCHOOL PTO 9700 MARVIN SCHOOL RD MARVIN, NC 281738597	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,160
MARVIN ELEMENTARY SCHOOL PTO 9700 MARVIN SCHOOL RD MARVIN, NC 281738597	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
MARVIN ELEMENTARY SCHOOL PTO 9700 MARVIN SCHOOL RD MARVIN, NC 281738597	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN UNION ELEMENTARY SCHOOL PTO 4111 WESTERN UNION SCHOOL RD WAXHAW, NC 281739211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 281739429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	613
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGATE COLLEGE FOUNDATION PO BOX 159 WINGATE, NC 281740159	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 281749708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 281749708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 282020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 282020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	725
CHARLOTTE HEPTATHLON 525 N TRYON ST STE 1900 CHARLOTTE, NC 282020209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE HEPTATHLON 525 N TRYON ST STE 1900 CHARLOTTE, NC 282020209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
CHARLOTTE HEPTATHLON 525 N TRYON ST STE 1900 CHARLOTTE, NC 282020209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,381
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,226
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,955
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,725
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,078
TWIRL TO THE WORLD FOUNDATION 359 W 7TH ST CHARLOTTE, NC 282021607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	870
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,165
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300,000
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 227 W TRADE ST STE 250 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JOEDANCE FILM FESTIVAL INCORPORATED 615 S COLLEGE STREET 9TH FLOOR CHARLOTTE, NC 282021712	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,525
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,525
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,050
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHOIR SCHOOL AT ST PETERS 115 W 7TH ST CHARLOTTE, NC 282022127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE MECKLENBURG LIBRARY FOUND 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	4,881
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	850
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,854
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	521
UNITED WAY OF CENTRAL CAROLINAS INC 301 S BREVARD STREET CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 301 S BREVARD STREET CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	496,500
UNITED WAY OF CENTRAL CAROLINAS INC 301 S BREVARD STREET CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300 CHARLOTTE, NC 282022606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300 CHARLOTTE, NC 282022606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300 CHARLOTTE, NC 282022606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300 CHARLOTTE, NC 282022606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300 CHARLOTTE, NC 282022606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,512
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,013
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26,435
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET CHARLOTTE NC, NC 282023031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,560
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET CHARLOTTE NC, NC 282023031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET CHARLOTTE NC, NC 282023031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET CHARLOTTE NC, NC 282023031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
RAIN INC601 E 5TH ST STE 470 CHARLOTTE, NC 282023064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH ST STE 470 CHARLOTTE, NC 282023064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAIN INC601 E 5TH ST STE 470 CHARLOTTE, NC 282023064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
CARE RING INC601 E 5TH ST STE 140 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE RING INC601 E 5TH ST STE 140 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	217
CARE RING INC601 E 5TH ST STE 140 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	304
COMMUNITY LINK PROGRAMS OF TRAVELER 601 E 5TH ST STE 220 CHARLOTTE, NC 282023093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,165
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,180
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CHARLOTTE JEWISH 220 NORTH TRYON ST CHARLOTTE, NC 282023201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKED129 W TRADE ST STE 1555 CHARLOTTE, NC 282025321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,733
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ROMAN CATHOLIC DIOCESE OF CHARLOTTE 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,333
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HEART MATH TUTORING INC 1100 S MINT ST STE 208 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFF GORDON CHILDRENS FOUNDATION 1310 S TRYON STREET SUITE 105 CHARLOTTE, NC 282034232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE VEGFEST INC 316 W PARK AVE CHARLOTTE, NC 282034441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FASHION & COMPASSION 1717 CLEVELAND AVE CHARLOTTE, NC 282034735	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,421
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,755
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,010
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,991
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,496
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,595
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,407
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,771
FESTIVAL IN THE PARK INC 1409 EAST BLVD CHARLOTTE, NC 282035817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
GREENWAYS FOR MECKLENBURG INC 265 DOGGETT ST CHARLOTTE, NC 282036374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSTAIN CHARLOTTE INC 2151 HAWKINS ST STE 200 CHARLOTTE, NC 282036902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,683
METROLINA ASSOCIATION FOR THE BLIND 704 LOUISE AVE CHARLOTTE, NC 282042128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
WTVI FOUNDATION INC1300 E 4TH ST CHARLOTTE, NC 282042231	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR STUDIOS FOUNDATION 614 CLEMENT AVE CHARLOTTE, NC 282042332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,725
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BAPTIST PEACE FELLOWSHIP OF NORTH A 300 HAWTHORNE LANE 205 CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	825
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ABILITIES UNLIMITED OF THE CAROLINA 1135 HARDING PL CHARLOTTE, NC 282042824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
PREGNANCY RESOURCE CENTER OF CHARLO 1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY RESOURCE CENTER OF CHARLO 1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
PREGNANCY RESOURCE CENTER OF CHARLO 1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
PREGNANCY RESOURCE CENTER OF CHARLO 1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY RESOURCE CENTER OF CHARLO 1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
THE CHARLOTTE FIREFIGHTERS FUND LTD 2601 E 7TH ST CHARLOTTE, NC 282044376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GARINGER EDUCATION FOUNDATION INC 1100 EASTWAY DR CHARLOTTE, NC 282051433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NC BEST ACADEMY INC 929 SEIGLE AVE APT 107 CHARLOTTE, NC 282052767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 3301 COUNTRY CLUB DR CHARLOTTE, NC 282053203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
ARTPOP1557 PECAN AVE CHARLOTTE, NC 282054471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HEARTS FOR HAITI 4315 WINEDALE LN CHARLOTTE, NC 282054530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHRISTIAN HEARTS FOR HAITI 4315 WINEDALE LN CHARLOTTE, NC 282054530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	166
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE STREET CHARLOTTE, NC 282061024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE STREET CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE STREET CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPAY NEUTER CHARLOTTE 224 W 32ND ST CHARLOTTE, NC 282062210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
SPAY NEUTER CHARLOTTE 224 W 32ND ST CHARLOTTE, NC 282062210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
SPAY NEUTER CHARLOTTE 224 W 32ND ST CHARLOTTE, NC 282062210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,645
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,501
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500 A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,015
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,390
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,575
SECOND HARVEST FOOD BANK OF METROLI 500 SPRATT ST STE B CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 SPRATT ST STE B CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,565
SECOND HARVEST FOOD BANK OF METROLI 500 SPRATT ST STE B CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE PROMISE FOUNDATION TO END ME PO BOX 790033 CHARLOTTE, NC 282067900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ORTHOCAROLINA RESEARCH INSTITUTE IN 2001 VAIL AVE STE 300 CHARLOTTE, NC 282071222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS RD CHARLOTTE, NC 282071423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS RD CHARLOTTE, NC 282071423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS RD CHARLOTTE, NC 282071423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS RD CHARLOTTE, NC 282071423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LYNNWOOD FOUNDATION 400 HERMITAGE RD CHARLOTTE, NC 282071842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MINT MUSEUM OF ART INC 2730 RANDOLPH RD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,580
MINT MUSEUM OF ART INC 2730 RANDOLPH RD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,480
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REIKI EDUCATION AND RESEARCH INSTIT 725 PROVIDENCE RD SUITE 200 CHARLOTTE, NC 282072370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOG DAYS OF CHARLOTTE INC 1919 QUEENS RD W CHARLOTTE, NC 282072705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
DOG DAYS OF CHARLOTTE INC 1919 QUEENS RD W CHARLOTTE, NC 282072705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOG DAYS OF CHARLOTTE INC 1919 QUEENS RD W CHARLOTTE, NC 282072705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DOG DAYS OF CHARLOTTE INC 1919 QUEENS RD W CHARLOTTE, NC 282072705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIGHT MOVES FOR YOUTH INC 2211 WEST MOREHEAD ST STE 102 CHARLOTTE, NC 282085143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RIGHT MOVES FOR YOUTH INC 2211 WEST MOREHEAD ST STE 102 CHARLOTTE, NC 282085143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
KEEP MECKLENBURG BEAUTIFUL INC 2145 SUTTLE AVE CHARLOTTE, NC 282085237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON WEALTH CHARLOTTE 5301 WILKINSON BLVD CHARLOTTE, NC 282085455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 282085642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 282085642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 282085642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 282085642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
JACKSON PARK MINISTRIES 5415 AIRPORT DRIVE CHARLOTTE, NC 282085733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH2400 COLONY RD CHARLOTTE, NC 282091743	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ALLEGRO FOUNDATION 419 ARDMORE ROAD CHARLOTTE, NC 282091101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
ALLEGRO FOUNDATION 419 ARDMORE ROAD CHARLOTTE, NC 282091101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 282091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 282091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 282091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 282091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 282091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
PROJECT ONE SCHOLARSHIP FUND INC 2438 HASSELL PL CHARLOTTE, NC 282091719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST BLVD MINISTRY 3309 AUBURN AVE CHARLOTTE, NC 282091812	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,075
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK RD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,950
COLLINSWOOD LANGUAGE ACADEMY 4000 APPLEGATE RD CHARLOTTE, NC 282092702	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	775
COLLINSWOOD LANGUAGE ACADEMY 4000 APPLEGATE RD CHARLOTTE, NC 282092702	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,893
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LET ME RUN INC4400 PARK RD STE 300 CHARLOTTE, NC 282093234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LET ME RUN INC4400 PARK RD STE 300 CHARLOTTE, NC 282093234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,875
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,395
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	387
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,921
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,945
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK RD STE 250 CHARLOTTE, NC 282093730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEVERLY WOODS ELEMENTARY 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
URBANPROMISE CHARLOTTE 5214 MURRAYHILL RD CHARLOTTE, NC 282102321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBANPROMISE CHARLOTTE 5214 MURRAYHILL RD CHARLOTTE, NC 282102321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
URBANPROMISE CHARLOTTE 5214 MURRAYHILL RD CHARLOTTE, NC 282102321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,380
CROSS-COUNTRY FOR YOUTH 6514 CHESTNUT GROVE LN CHARLOTTE, NC 282104335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CINEMA ARTS INC 6612 PARK RD CHARLOTTE, NC 282104618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EMPOWER FOR HOPE 2520 RED BARN LN CHARLOTTE, NC 282106145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH MECK FOUNDATION 8900 PARK RD CHARLOTTE, NC 282107609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SOUTH MECKLENBURG HIGH SCHOOL ATHLE 8900 PARK RD CHARLOTTE, NC 282107609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTH MECK FOUNDATION 8900 PARK RD CHARLOTTE, NC 282107609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 8900 PARK RD CHARLOTTE, NC 282107609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
SOUTHMINSTER FOUNDATION INC 8919 PARK RD CHARLOTTE, NC 282107629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOCIETY FOR PRESERVATION & ENCOURMT 8919 PARK RD APT DC22 CHARLOTTE, NC 282108658	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER GRAHAM MIDDLE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ALEXANDER GRAHAM MIDDLE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
SELWYN ELEMENTARY 2840 COLONY ROAD CHARLOTTE, NC 282112699	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELWYN ELEMENTARY 2840 COLONY ROAD CHARLOTTE, NC 282112699	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
CHARLOTTE PREPARATORY SCHOOL 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
FREEDOM FARM RESCUE INC 1526 CONVENTRY ROAD CHARLOTTE, NC 282110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DR CHARLOTTE, NC 282111166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DR CHARLOTTE, NC 282111166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DR CHARLOTTE, NC 282111166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DR CHARLOTTE, NC 282111166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DR CHARLOTTE, NC 282111166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TEEN HEALTH CONNECTION 3541 RANDOLPH RD STE 206 CHARLOTTE, NC 282111253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN HEALTH CONNECTION 3541 RANDOLPH RD STE 206 CHARLOTTE, NC 282111253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
TEEN HEALTH CONNECTION 3541 RANDOLPH RD STE 206 CHARLOTTE, NC 282111253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE CHARLOTTE, NC 282111366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE CHARLOTTE, NC 282111366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE CHARLOTTE, NC 282111366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
FREEDOM FARM RESCUE INC 1526 COVENTRY RD CHARLOTTE, NC 282112209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM FARM RESCUE INC 1526 COVENTRY RD CHARLOTTE, NC 282112209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIPS ACADEMY OF NORTH CAROLINA I 3115 PROVIDENCE RD CHARLOTTE, NC 282112742	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,960
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SHARE CHARLOTTE 233 S SHARON AMITY RD STE 203 CHARLOTTE, NC 282112895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE NEUROSCIENCE ASSOCIATION 300 BILLINGSLEY RD STE 108 CHARLOTTE, NC 282113091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE RD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE RD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE RD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE RD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE RD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PTA NORTH CAROLINA CONGRESS 7101 IDLEWILD RD CHARLOTTE, NC 282125749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 7101 IDLEWILD RD CHARLOTTE, NC 282125749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HINDU CENTER7400 CITY VIEW DR CHARLOTTE, NC 282126403	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU CENTER7400 CITY VIEW DR CHARLOTTE, NC 282126403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,737
STEP UP TO FAMILY SAFETY 6035 FLORENCE AVE STE 100 CHARLOTTE, NC 282126499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,750
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 282128876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
CENTURIONS1108 ROSADA DR CHARLOTTE, NC 282135955	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
OUR CHILDRENS MEMORIAL WALKWAY INC PO BOX 44153 CHARLOTTE, NC 282150025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
NORTHWEST SCHOOL OF THE ARTS 1415 BEATTIES FORD CHARLOTTE, NC 282164549	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP COMMUNITY DEVELOPMENT CO 3239 BEATTIES FORD RD CHARLOTTE, NC 282160000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
FRIENDSHIP COMMUNITY DEVELOPMENT CO 3239 BEATTIES FORD RD CHARLOTTE, NC 282160000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDSHIP MISSIONARY BAPTIST CHURC 3400 BEATTIES FORD RD/ATTN FINANCE CHARLOTTE, NC 282163737	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP MISSIONARY BAPTIST CHURC 3400 BEATTIES FORD RD/ATTN FINANCE CHARLOTTE, NC 282163737	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	680
GENESIS CHARITABLE RELIEF FUND FOR 3400 BEATTIES FORD RD CHARLOTTE, NC 282163740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENESIS CHARITABLE RELIEF FUND FOR 3400 BEATTIES FORD RD CHARLOTTE, NC 282163740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NORTHWEST SCHOOL OF 1415 BEATTIES FORD RD CHARLOTTE, NC 282164549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHWEST SCHOOL OF THE ARTS FOUNDA 1415 BEATTIES FORD RD CHARLOTTE, NC 282164549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BEATTIES FORD ROAD VOCATIONAL TRADE 1406 BEATTIES FORD ROAD CHARLOTTE, NC 282164550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEATTIES FORD ROAD VOCATIONAL TRADE 1406 BEATTIES FORD ROAD CHARLOTTE, NC 282164550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RAVENS UGANDA411 WAKE ST CHARLOTTE, NC 282165553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RAVENS UGANDA411 WAKE ST CHARLOTTE, NC 282165553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY CHRISTIAN CENTER 7224 OLD PINEVILLE ROAD CHARLOTTE, NC 282174339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DRESS FOR SUCCESS CHARLOTTE 500 CLANTON RD STE A CHARLOTTE, NC 282171389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 282171536	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 282171964	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 282172783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,539
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
LET HOPE RISE FOUNDATION 1929 W ARROWOOD RD CHARLOTTE, NC 282177931	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
LOVE INC OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 282180517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABY BUNDLESPO BOX 12303 CHARLOTTE, NC 282202303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,154
BABY BUNDLESPO BOX 12303 CHARLOTTE, NC 282202303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BABY BUNDLESPO BOX 12303 CHARLOTTE, NC 282202303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,775
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 282220287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70,000
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,600
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,465
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	730
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,220
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
THE RELATIVES INCPO BOX 220632 CHARLOTTE, NC 282220632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE RELATIVES INCPO BOX 220632 CHARLOTTE, NC 282220632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INCPO BOX 220632 CHARLOTTE, NC 282220632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MECKLENBURG SCHOLASTICS C PO BOX 221882 CHARLOTTE, NC 282221882	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WORLD AFFAIRS COUNCIL OF CHARLOTTE UNC CHARLOTTE 227 CHHS BLDG 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13,018
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PI KAPPA PHI FOUNDATION PO BOX 240526 CHARLOTTE, NC 282240526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PI KAPPA PHI FOUNDATION PO BOX 240526 CHARLOTTE, NC 282240526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PI KAPPA PHI FOUNDATION PO BOX 240526 CHARLOTTE, NC 282240526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 3800 REA RD CHARLOTTE, NC 282263177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	525
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUNNINGWORKS INC 7804 FAIRVIEW ROAD NO 317 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,670
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FOUNDATION OF SHALOM PARK INC 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES OF GREATER C 5007 PROVIDENCE RD 105 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,895
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
FOUNDATION OF SHALOM PARK INC 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
JEWISH FAMILY SERVICES OF GREATER C 5007 PROVIDENCE RD 105 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	936
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	728
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD STE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD STE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD STE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PATRIOTS PATHPO BOX 473791 CHARLOTTE, NC 282266346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOTS PATHPO BOX 473791 CHARLOTTE, NC 282266346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOPE CHURCH ADVENT CHRISTIAN FELLOW 10643 BLAIR RD MINT HILL, NC 282276864	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	49
INDIAN PERFORMING ARTS ASSOCIATION PO BOX 31822 CHARLOTTTE, NC 282311822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NATIONAL COALITION OF 100 BLACK WOM PO BOX 32364 CHARLOTTE, NC 282322364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,475
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,700
CHILDRENS MIRACLE NETWORK P O BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,410
CHILDRENS MIRACLE NETWORK P O BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	730
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	840
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 282333533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	602
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,300
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	322
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTES FINEST LEGACY FOUNDATION PO BOX 34742 CHARLOTTE, NC 282344742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DILWORTH COMMUNITY DEVELOPMENT ASSO PO BOX 36023 CHARLOTTE, NC 282366023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FLORENCE CRITTENTON SERVICES INC PO BOX 36392 CHARLOTTE, NC 282366392	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE CHARLOTTE FOLK SOCIETY PO BOX 36864 CHARLOTTE, NC 282366864	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INCPO BOX 37190 CHARLOTTE, NC 282377190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
RAIN INCPO BOX 37190 CHARLOTTE, NC 282377190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
RAIN INCPO BOX 37190 CHARLOTTE, NC 282377190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INCPO BOX 37190 CHARLOTTE, NC 282377190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAIN INCPO BOX 37190 CHARLOTTE, NC 282377190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEELE CREEK ATHLETIC ASSOCIATION I PO BOX 7195 CHARLOTTE, NC 282417195	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
SIM USA INCORPORATEDPO BOX 7900 CHARLOTTE, NC 282417900	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SOUTH MECKLENBURG BAND AIDES PO BOX 470754 CHARLOTTE, NC 282470754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR WOMANS CLUB OF CHARLOTTE FOU PO BOX 471445 CHARLOTTE, NC 282471445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
JUNIOR WOMANS CLUB OF CHARLOTTE FOU PO BOX 471445 CHARLOTTE, NC 282471445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
PARENTS & FRIENDS OF LESBIANS & GAY PO BOX 472532 CHARLOTTE, NC 282472532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE YOUTH BALLET INC PO BOX 472937 CHARLOTTE, NC 282472937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN PO BOX 474055 CHARLOTTE, NC 282474055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
IVY HALL FOUNDATIONPO BOX 561916 CHARLOTTE, NC 282561916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAAAHR-CHARLOTTE CHAPTER INC PO BOX 563043 CHARLOTTE, NC 282563043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GLOBAL FREEDOM FOUNDATION INC 2638 SALOME CHURCH ROAD CHARLOTTE, NC 282620000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
GLOBAL FREEDOM FOUNDATION INC 2638 SALOME CHURCH ROAD CHARLOTTE, NC 282620000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL INC 9501 DAVID TAYLOR DRIVE CHARLOTTE, NC 282622360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CORVIAN COMMUNITY SCHOOL INC 9501 DAVID TAYLOR DRIVE CHARLOTTE, NC 282622360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
CORVIAN COMMUNITY SCHOOL INC 9501 DAVID TAYLOR DRIVE CHARLOTTE, NC 282622360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL INC 9501 DAVID TAYLOR DRIVE CHARLOTTE, NC 282622360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	775
SIKH HERITAGE SOCIETY OF GREATER CH 5715 UNIVERSITY CITY BOULEVARD CHARLOTTE, NC 282623181	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,861
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,614
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	695
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,347
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,134
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,220
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,193
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	635
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE RD CHARLOTTE, NC 282691164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE RD CHARLOTTE, NC 282691164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,200
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE RD CHARLOTTE, NC 282691164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BASKETBALL CLUB INC 3508 MALLARD COVE CT CHARLOTTE, NC 282691271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHARLOTTE BASKETBALL CLUB INC 3508 MALLARD COVE CT CHARLOTTE, NC 282691271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,200
CHARLOTTE BASKETBALL CLUB INC 3508 MALLARD COVE CT CHARLOTTE, NC 282691271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BASKETBALL CLUB INC 3508 MALLARD COVE CT CHARLOTTE, NC 282691271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TAPS TEACHING ATHLETES PLANS FOR SU 3530 AMARANTHUS CT CHARLOTTE, NC 282691318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEVINS INC3523 NEVIN RD CHARLOTTE, NC 282694351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH DEVELOPMENT INITIATIVES 9912 SPRING PARK DR CHARLOTTE, NC 282695197	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TRUSTED PARENTSPO BOX 480688 CHARLOTTE, NC 282695322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
INSPIRE THE FIRE3811 YORKFORD DR CHARLOTTE, NC 282698948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 282700925	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
MCKEE ROAD ELEMENTARY 4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MCKEE ROAD ELEMENTARY 4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE HIGH SCHOOL PTSO INC 1800 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282700330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
PTA NORTH CAROLINA4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELSAS PRIDE4912 LEBARON ST CHARLOTTE, NC 282701706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	21,930
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	22,068
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,500
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,600
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,750
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,900
LANSDOWNE ELEMENTARY SCHOOL PTO 6400 PRETT CT CHARLOTTE, NC 282705966	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ST STEPHEN UNITED METHODIST PRESCHO 6800 SARDIS RD CHARLOTTE, NC 282706054	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STEPHEN UMC PRESCHOOL INC 6800 SARDIS RD CHARLOTTE, NC 282706054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 282717036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	820
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 282717036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 282717036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 282717036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
CHARLOTTE FILM SOCIETY PO BOX 78872 CHARLOTTE, NC 282717043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANGAMITHRA FOUNDATION PO BOX 78871 CHARLOTTE, NC 282717043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SANGAMITHRA FOUNDATION PO BOX 78871 CHARLOTTE, NC 282717043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
SAMARITANS FEET INTERNATIONAL PO BOX 78992 CHARLOTTE, NC 282717045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY CHAPEL WEDDINGTON ATHLETIC A PO BOX 79252 CHARLOTTE, NC 282717061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WESLEY CHAPEL WEDDINGTON ATHLETIC A PO BOX 79252 CHARLOTTE, NC 282717061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOPE FOR ALL DOGS RESCUE 7103 FALLING TREE CT CHARLOTTE, NC 282733146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR ALL DOGS RESCUE 7103 FALLING TREE CT CHARLOTTE, NC 282733146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOPE FOR ALL DOGS RESCUE 7103 FALLING TREE CT CHARLOTTE, NC 282733146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
CVS CHARITABLE FUND 2225 TOWNSHIP RD CHARLOTTE, NC 282733903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIM INTERNATIONAL INC 14830 CHOATE CIR CHARLOTTE, NC 282739105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
LEADERSHIP CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
LEADERSHIP CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,570
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	12,517
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,900
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,070
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	804
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL JROTC BOOST 10220 ARDREY KELL RD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 9201 BRYANT FARMS RD CHARLOTTE, NC 282770000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	195
QUEEN CITY SAHELISPO BOX 49051 CHARLOTTE, NC 282770072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY SAHELISPO BOX 49051 CHARLOTTE, NC 282770072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
QUEEN CITY SAHELISPO BOX 49051 CHARLOTTE, NC 282770072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BCC RALLYPO BOX 49182 CHARLOTTE, NC 282770074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BCC RALLYPO BOX 49182 CHARLOTTE, NC 282770074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BCC RALLYPO BOX 49182 CHARLOTTE, NC 282770074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RADIO FAMILY CHARITYPO BOX 49307 CHARLOTTE, NC 282770076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSE MIDDLE SCHOOL CAVAL 9500 COMMUNITY HOUSE RD CHARLOTTE, NC 282771829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY HOUSE MIDDLE SCHOOL PTO 9500 COMMUNITY HOUSE RD CHARLOTTE, NC 282771829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY HOUSE MIDDLE SCHOOL PTO 9500 COMMUNITY HOUSE RD CHARLOTTE, NC 282771829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSE MIDDLE SCHOOL PTO 9500 COMMUNITY HOUSE RD CHARLOTTE, NC 282771829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,945
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL BAND BOOSTE 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ARDREY KELL HIGH SCHOOL BAND BOOSTE 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANSWER SCHOLARSHIP INC 6420 REA ROAD STE 112 CHARLOTTE, NC 282772528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANSWER SCHOLARSHIP INC 6420 REA ROAD STE 112 CHARLOTTE, NC 282772528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BALLANTYNE BALL12245 CHESLEY DR CHARLOTTE, NC 282773280	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCALPINE ELEMENTARY SCHOOL PTO 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MCALPINE ELEMENTARY SCHOOL PTO 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PTA NORTH CAROLINA CONGRESS 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	347
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TELUGU ASSOCIATION OF GREATER CHARL 11516 TURNING HAWK RD CHARLOTTE, NC 282773639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BIRDLET FOUNDATION 11323 BLUE BLOSSOM RD CHARLOTTE, NC 282773846	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRDLET FOUNDATION 11323 BLUE BLOSSOM RD CHARLOTTE, NC 282773846	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OMNI MONTESSORI SCHOOL 9536 BLAKENEY HEATH RD CHARLOTTE, NC 282775670	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
NEW LEAF FOUNDATION 9716-B REA RD STE 134 CHARLOTTE, NC 282776663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
NEW LEAF FOUNDATION 9716-B REA RD STE 134 CHARLOTTE, NC 282776663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE SYSTEM ATROPHY COALITI 9935D REA RD 212 CHARLOTTE, NC 282776710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE MULTIPLE SYSTEM ATROPHY COALITI 9935D REA RD 212 CHARLOTTE, NC 282776710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ANIGHT FOR SMILES INC 8840 BLAKENEY PROF DR STE 300 CHARLOTTE, NC 282776749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP LURECREST INC 10800 SIKES PL STE 310 CHARLOTTE, NC 282778124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,170
CAMP LURECREST INC 10800 SIKES PL STE 310 CHARLOTTE, NC 282778124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAMP LURECREST INC 10800 SIKES PL STE 310 CHARLOTTE, NC 282778124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CHARLOTTE MIDDLE SCHOOL FINE 8040 STRAWBERRY LN CHARLOTTE, NC 282778600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,300
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACHING FELLOWS INSTITUTE INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	640
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U DESERVE A CHANCE FOUNDATION PO BOX 38035 CHARLOTTE, NC 282781000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROJECT NEW HEIGHTS INC 13000 S TRYON ST STE F 251 CHARLOTTE, NC 282787489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,884
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,814
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
PLAZA MIDWOOD NEIGHBORHOOD ASSOCIAT PO BOX 9394 CHARLOTTE, NC 282999394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAZA MIDWOOD NEIGHBORHOOD ASSOCIAT PO BOX 9394 CHARLOTTE, NC 282999394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLAZA MIDWOOD NEIGHBORHOOD ASSOCIAT PO BOX 9394 CHARLOTTE, NC 282999394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BETTER HEALTH OF CUMBERLAND COUNTY 1422 BRAGG BLVD FAYETTEVILLE, NC 283010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTEVILLE AREA OPERATIONINASMUCH 531 HILLSBORO STREET FAYETTEVILLE, NC 283014634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAYETTEVILLE AREA OPERATIONINASMUCH 531 HILLSBORO STREET FAYETTEVILLE, NC 283014634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
QUAKER HOUSE OF FAYETTEVILLE INC 223 HILLSIDE AVE FAYETTEVILLE, NC 283014829	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION PATHWAYS INC316 GREEN ST FAYETTEVILLE, NC 283015028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
CUMBERLAND COMMUNITY FOUNDATION INC PO BOX 2345 FAYETTEVILLE, NC 283022345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
AUTISM SOCIETY OF CUMBERLAND COUNTY 351 WAGONER DR STE 410 FAYETTEVILLE, NC 283034670	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR CENTER INC 2717 FORT BRAGG RD FAYETTEVILLE, NC 283034720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
82ND AIRBORNE DIVISION ASSOCIATION 2915 RAEFORD ROAD FAYETTEVILLE NC 28303-5491 FAYETTEVILLE, TX 283047482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CAPE FEAR BOTANICAL GARDEN PO BOX 53485 FAYETTEVILLE, NC 283053485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE FEAR BOTANICAL GARDEN PO BOX 53485 FAYETTEVILLE, NC 283053485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CONTINUING THE MISSION INC 710 WILDWOOD RD ABERDEEN, NC 283152132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ST ANDREWS PRESBYTERIAN COLLEGE 1700 DOGWOOD MILE LAURINBURG, NC 283525521	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT PEM P O BOX 1510 PEMBROKE, NC 283721510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BLIND CAT RESCUE & SANCTUARY INC 3101 E GREAT MARSH CHURCH RD SAINT PAULS, NC 283846999	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
BLIND CAT RESCUE & SANCTUARY INC 3101 E GREAT MARSH CHURCH RD SAINT PAULS, NC 283846999	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	131
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE FEAR COMMUNITY COLLEGE FOUNDAT 411 N FRONT ST WILMINGTON, NC 284013910	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
CAPE FEAR COMMUNITY COLLEGE FOUNDAT 411 N FRONT ST WILMINGTON, NC 284013910	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
PTA NORTH CAROLINA CONGRESS 1106 ANN ST WILMINGTON, NC 284014867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 20 N 4TH ST STE 200 WILMINGTON, NC 284014895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
KIDS MAKING IT INC617 CASTLE ST WILMINGTON, NC 284015223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOWER CAPE FEAR HOSPICE FOUNDATION 1414 PHYSICIANS DR WILMINGTON, NC 284017335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER CAPE FEAR HOSPICE FOUNDATION 1414 PHYSICIANS DR WILMINGTON, NC 284017335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOOD SHEPHERD MINISTRIES OF WILMING 811 MARTIN ST WILMINGTON, NC 284017825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNCW CORPORATION 601 S COLLEGE RD WILMINGTON, NC 284033201	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCW RESEARCH FOUNDATION 601 S COLLEGE RD WILMINGTON, NC 284033201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNCW STUDENT AID ASSOCIATION INC 601 S COLLEGE RD - BOX 5905 WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	500
WILMINGTON CHRISTIAN ACADEMY 1401 N COLLEGE ROAD WILMINGTON, NC 284051439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HANOVER HUMANE SOCIETY INC 2405 N 23RD ST WILMINGTON, NC 284050109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WILMINGTON SYMPHONIC WINDS PO BOX 7112 WILMINGTON, NC 284067112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW HANOVER HIGH SCHOOL ATHLETIC BO 609-A PINER ROAD SUITE 162 WILMINGTON, NC 284094201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HANOVER HIGH SCHOOL ATHLETIC BO 609-A PINER ROAD SUITE 162 WILMINGTON, NC 284094201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
INDIE TREE INC 5215 JUNCTION CIRCLE SUITE 100 WILMINGTON, NC 284120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIFEPOINT CHURCH 3534 S COLLEGE RD WILMINGTON, NC 284121008	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISE WELLS CAMERON ART MUSEUM 3201 S 17TH ST WILMINGTON, NC 284126554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOLDEN BEACH TURTLE WATCH PROGRAM 703 CREEKWAY CIR SE BOLIVIA, NC 284228268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
TOPSAIL TOWNSHIP FRIENDS OF THE LIB 75 LIBRARY DR HAMPSTEAD, NC 284433597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS HOME OF NORTH CAROLI 400 FLEMINGTON DR LAKE WACCAMAW, NC 284500127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
STALLINGS ELEMENTARY 3501 STALLINGS ROAD STALLINGS, NC 284560704	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
OPERATION TOPCATPO BOX 922 SNEADS FERRY, NC 284600922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS MINISTRY INC 5149 FERNWOOD DR SOUTHPORT, NC 284613136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BALD HEAD ISLAND CONSERVANCY INC 7000 FEDERAL ROAD BALD HEAD ISLAND, NC 284617000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
BALD HEAD ISLAND CONSERVANCY INC 7000 FEDERAL ROAD BALD HEAD ISLAND, NC 284617000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY EMERGENCY TEEN SHELTER INC 5310 DOSHER CUTOFF SOUTHPORT, NC 284618907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SEA BISCUIT WILDLIFE SHELTER 1638 E BEACH DR OAK ISLAND, NC 284656354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOPE FROM HELEN INCPO BOX 187 WRIGHTSVILLE BEACH, NC 284800187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONSLOW COMMUNITY OUTREACH INC 600 COURT ST JACKSONVILLE, NC 285404752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ONSLOW COMMUNITY OUTREACH INC 600 COURT ST JACKSONVILLE, NC 285404752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF ANIMAL SERVICES PO BOX 12051 JACKSONVILLE, NC 285462051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BERN CRAVEN COUNTY PUBLIC LIBRA 400 JOHNSON ST NEW BERN, NC 285604048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
NEW BERN CRAVEN COUNTY PUBLIC LIBRA 400 JOHNSON ST NEW BERN, NC 285604048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 930 POLLOCK ST NEW BERN, NC 285625676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY REFUGE CITY 1708 30TH AVENUE CT NE HICKORY, NC 286019618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MY REFUGE CITY 1708 30TH AVENUE CT NE HICKORY, NC 286019618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
WOMENS RESOURCE CENTER PO BOX 1608 HICKORY, NC 286031608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE BOXER RESCUE PO BOX 1855 HICKORY, NC 286031855	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATAWBA COUNTY UNITED WAY INC PO BOX 2425 HICKORY, NC 286032425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YMCA OF GREATER CHARLOTTE 7901 S NC HWY 18 BOOMER, NC 286069127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 7901 S NC HWY 18 BOOMER, NC 286069127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WINE TO WATERPO BOX 2567 BOONE, NC 286072567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	9,933
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,530
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,310
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,219
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,785
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,550
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	13,440
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,122
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,100
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,544
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,825
BANDYS HIGH5040 E BANDYS ROAD CATAWBA, NC 286099727	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BANDYS HIGH5040 E BANDYS ROAD CATAWBA, NC 286099727	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CROSSNORE SCHOOL & CHILDRENS HO PO BOX 249 CROSSNORE, NC 286160249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CROSSNORE SCHOOL & CHILDRENS HO PO BOX 249 CROSSNORE, NC 286160249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CALDWELL COUNTY YOKEFELLOW INC PO BOX 2422 LENOIR, NC 286452422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EASTERN CATAWBA COOPERATIVE CHRISTI PO BOX 31 NEWTON, NC 286580031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNER TABLE INC122 N MAIN AVE NEWTON, NC 286583214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHRIST ALIVE CHURCH 1549 SOUTHWEST BLVD NEWTON, NC 286583647	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	376
SHERRILLS FORD ELEMENTARY SCHOOL PA 8103 SHERRILLS FORD RD SHERRILLS FRD, NC 286737313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERRILLS FORD ELEMENTARY SCHOOL PA 8103 SHERRILLS FORD RD SHERRILLS FRD, NC 286737313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
THE PREGNANCY RESOURCE CENTER OF ST 1710 DAVIE AVE B STATESVILLE, NC 286773591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POWERCROSS303 MITCHELL AVE STATESVILLE, NC 286773839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWERCROSS303 MITCHELL AVE STATESVILLE, NC 286773839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 565 TAYLORSVILLE, NC 286810565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
IREDELL CHRISTIAN MINISTRIES INC PO BOX 86 STATESVILLE, NC 286870086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IREDELL CHRISTIAN MINISTRIES INC PO BOX 86 STATESVILLE, NC 286870086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
THE SALVATION ARMYP O BOX 91 STATESVILLE, NC 286870091	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
EXCHANGE CLUB CENTER FOR THE PREVEN PO BOX 167 STATESVILLE, NC 286870167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 286875535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 286875535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,100
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 286875535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE RANCH INCPO BOX 5998 STATESVILLE, NC 286875998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RESCUE RANCH INCPO BOX 5998 STATESVILLE, NC 286875998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HORSE HELPERS INC 1199 ODES WILSON RD ZIONVILLE, NC 286989483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE HELPERS INC 1199 ODES WILSON RD ZIONVILLE, NC 286989483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,500
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
SLEEP TIGHT KIDS INC72 BALDWIN RD ARDEN, NC 287048592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SLEEP TIGHT KIDS INC72 BALDWIN RD ARDEN, NC 287048592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLEEP TIGHT KIDS INC72 BALDWIN RD ARDEN, NC 287048592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SOAR INCPO BOX 388 BALSAM, NC 287070388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FULL MOON FARM INCPO BOX 1374 BLACK MTN, NC 287111374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACK MOUNTAIN-SWANNANOA ART CENTER 225 W STATE ST BLACK MTN, NC 287113408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
APPALACHIAN THERAPEUTIC RIDING CENT 176 CHIMNEY RDG BURNSVILLE, NC 287147475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,620
HOSPICE OF YANCEY COUNTY INC 856 GEORGES FORK RD BURNSVILLE, NC 287147842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASHIERS-HIGHLANDS HUMANE SOCIETY I PO BOX 638 CASHIERS, NC 287170638	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE VILLAGE GREEN OF CASHIERS INC PO BOX 2201 CASHIERS, NC 287172201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WESTERN CAROLINA UNIVERSITY FOUNDAT 201 HFR ADMINISTRATION BUILDING CULLOWHEE, NC 287230000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS HEALING FARM 19 MAHSHIE LN HENDERSONVLLE, NC 287398460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE MOUNTAIN RETREAT & LEARNING CEN PO BOX 1299 HIGHLANDS, NC 287411299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HIGHLAND LAND TRUST INC PO BOX 1703 HIGHLANDS, NC 287411703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS ARE WORTH SAVING PAWS OF RUTHE PO BOX 399 LAKE LURE, NC 287460399	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUSTYS LEGACY 139 LYTLE MOUNTAIN RD MARION, NC 287528479	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEART OF HORSE SENSE INC 6919 MEADOWS TOWN RD MARSHALL, NC 287533717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 287680090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 287680090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 287680090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
MERRIE WOODE FOUNDATION INC 100 MERRIE WOODE RD SAPPHIRE, NC 287749621	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MITCHELL COUNTY ANIMAL RESCUE INC PO BOX 308 SPRUCE PINE, NC 287770308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS HUMANE SOCIETY INC PO BOX 126 TRYON, NC 287820126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALLIANCE OF DIVINE LOVE INC 430 LARSEN LN TRYON, NC 287826760	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ALLIANCE OF DIVINE LOVE INC 430 LARSEN LN TRYON, NC 287826760	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1111 KEITH ST HENDERSONVILLE, NC 287925810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KANUGA CONFERENCES INCORPORATED PO BOX 250 HENDERSONVLLE, NC 287930250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BLUE RIDGE LITERACY COUNCIL INC PO BOX 1728 HENDERSONVILLE, NC 287931728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAXTON ELEMENTARY 241 MERRIMON AVENUE ASHEVILLE, NC 288011217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
CLAXTON ELEMENTARY 241 MERRIMON AVENUE ASHEVILLE, NC 288011217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
PACK PLACE PERFORMING ARTS 18 BILTMORE AVE ASHEVILLE, NC 288010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN APPALACHIAN HIGHLANDS CONS 372 MERRIMON AVE ASHEVILLE, NC 288011222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN APPALACHIAN HIGHLANDS CONS 372 MERRIMON AVE ASHEVILLE, NC 288011222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
APPALACHIAN SUSTAINABLE AGRICULTURE 306 W HAYWOOD STREET SUITE 200 ASHEVILLE, NC 288013105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 333 W HAYWOOD ST ASHEVILLE, NC 288013155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTS FOR LIFE 50 S FRENCH BROAD AVE STE 258 ASHEVILLE, NC 288013233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ARTS FOR LIFE 50 S FRENCH BROAD AVE STE 258 ASHEVILLE, NC 288013233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF WESTERN 50 S FRENCH BROAD AVE 213 ASHEVILLE, NC 288013233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARTS FOR LIFE 50 S FRENCH BROAD AVE STE 258 ASHEVILLE, NC 288013233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARTS FOR LIFE 50 S FRENCH BROAD AVE STE 258 ASHEVILLE, NC 288013233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ASHEVILLE & BUNCOMBE 50 S FRENCH BROAD AVE ASHEVILLE, NC 288013271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ASHEVILLE-BUNCOMBE TECHNICAL COMMUN 340 VICTORIA RD ASHEVILLE, NC 288014816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELPMATE INCPO BOX 2263 ASHEVILLE, NC 288022263	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
HELPMATE INCPO BOX 2263 ASHEVILLE, NC 288022263	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASHEVILLE CITY SCHOOLS FOUNDATI PO BOX 3196 ASHEVILLE, NC 288023196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 33 MEADOW RD ASHEVILLE, NC 288032651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NORTH CAROLINA AT ASH 1 UNIVERSITY HTS ASHEVILLE, NC 288043251	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ASHEVILLE SCHOOL INCORPORATED 360 ASHEVILLE SCHOOL RD ASHEVILLE, NC 288061569	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVING FOOD RESOURCES PO BOX 25142 ASHEVILLE, NC 288131142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOVING FOOD RESOURCES PO BOX 25142 ASHEVILLE, NC 288131142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOVING FOOD RESOURCES PO BOX 25142 ASHEVILLE, NC 288131142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ TO SUCCEED ASHEVILLE PO BOX 18652 ASHEVILLE, NC 288140652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BROTHER WOLF ANIMAL RESCUE INC PO BOX 8195 ASHEVILLE, NC 288148195	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BROTHER WOLF ANIMAL RESCUE INC PO BOX 8195 ASHEVILLE, NC 288148195	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN C CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL RD BRASSTOWN, NC 289028008	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MARY ANN MORRIS ANIMAL SOCIETY INC PO BOX 1151 BAMBERG, SC 290030751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MARY ANN MORRIS ANIMAL SOCIETY INC PO BOX 1151 BAMBERG, SC 290030751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY ANN MORRIS ANIMAL SOCIETY INC PO BOX 1151 BAMBERG, SC 290030751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARY ANN MORRIS ANIMAL SOCIETY INC PO BOX 1151 BAMBERG, SC 290030751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARY ANN MORRIS ANIMAL SOCIETY INC PO BOX 1151 BAMBERG, SC 290030751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLYTHEWOOD BASEBALL LEAGUE PO BOX 384 BLYTHEWOOD, SC 290160384	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BIG RED BARN RETREAT 8024 WINNSBORO RD BLYTHEWOOD, SC 290169797	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
BIG RED BARN RETREAT 8024 WINNSBORO RD BLYTHEWOOD, SC 290169797	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY MEDICAL CLINIC OF KERSHAW PO BOX 217 CAMDEN, SC 290210217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KERSHAW COUNTY HISTORICAL SOCIETY P O BOX 501 CAMDEN, SC 290210501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAMDEN BULLDOG CLUBPO BOX 785 CAMDEN, SC 290210862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINTREE JACKS INC 1913 WATKINS RD CASSATT, SC 290329359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 190 KNOX ABBOTT DR 301 CAYCE, SC 290334348	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 190 KNOX ABBOTT DR 301 CAYCE, SC 290334348	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 190 KNOX ABBOTT DR 301 CAYCE, SC 290334348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARING GODS LOVE INCPO BOX 1021 IRMO, SC 290631021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
COTTON BRANCH FARM 507 COTTON BRANCH RD LEESVILLE, SC 290709293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTON BRANCH FARM 507 COTTON BRANCH RD LEESVILLE, SC 290709293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
COTTON BRANCH FARM 507 COTTON BRANCH RD LEESVILLE, SC 290709293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COTTON BRANCH FARM 507 COTTON BRANCH RD LEESVILLE, SC 290709293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTON BRANCH FARM 507 COTTON BRANCH RD LEESVILLE, SC 290709293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
DREAM RIDERS156 SANDY HILL RD LEXINGTON, SC 290728968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
DREAM RIDERS156 SANDY HILL RD LEXINGTON, SC 290728968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGIE KENNEDY EDUCATIONAL FOUNDATIO PO BOX 232 ORANGEBURG SC 29115 ORANGEBURG, SC 291150000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2489 ORANGEBURG, SC 291162489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,660
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REGIONAL MEDICAL CENTER FOUNDATION 3000 SAINT MATTHEWS RD ORANGEBURG, SC 291181442	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
THE CART FUND INCPO BOX 1916 SUMTER, SC 291511916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,605
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	863
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	287
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,855
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
SERVICE CORPS OF RETIRED EXECUTIVES 1835 ASSEMBLY ST STE 1425 COLUMBIA, SC 292012453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
RICHLAND COUNTY PUBLIC LIBRARY FOUN 1431 ASSEMBLY ST COLUMBIA, SC 292013101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA GOVERNORS SCHOOL FOR 1122 LADY STREET SUITE 700 COLUMBIA, SC 292013226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CENTRAL SOUTH CAROLINA HABITAT FOR 209 S SUMTER ST COLUMBIA, SC 292014558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	22,500
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 S BELTLINE BLVD COLUMBIA, SC 292015130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 S BELTLINE BLVD COLUMBIA, SC 292015130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PALMETTO CONCERT BAND PO BOX 1603 COLUMBIA, SC 292021603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS BENEFITS FOUNDATION OF SC PO BOX 2403 COLUMBIA, SC 292022403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
NAMI MID-CAROLINAPO BOX 2526 COLUMBIA, SC 292022526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COOPERATIVE MINISTRY 3821 W BELTLINE BLVD COLUMBIA, SC 292041567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW ST COLUMBIA, SC 292051225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SENIOR RESOURCES INC 2817 MILLWOOD AVE COLUMBIA, SC 292051261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SENIOR RESOURCES INC 2817 MILLWOOD AVE COLUMBIA, SC 292051261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPWORTH CHILDRENS HOME 2900 MILLWOOD AVE COLUMBIA, SC 292051359	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	275
RAY TANNER FOUNDATION 709 WOODROW ST PMB 201 COLUMBIA, SC 292051733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COLUMBIA JEWISH DAY SCHOOL 5827 N TRENHOLM RD COLUMBIA, SC 292061603	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDHILLS SCHOOL 1500 HALLBROOK DR COLUMBIA, SC 292094021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
SANDHILLS SCHOOL 1500 HALLBROOK DR COLUMBIA, SC 292094021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LN COLUMBIA, SC 292094605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRYE FOUNDATION INC 134 SILVERMILL RD COLUMBIA, SC 292104428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WELVISTA121 GREYSTONE BLVD COLUMBIA, SC 292108002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
IVY HERITAGE FOUNDATION OF IRMO INC 7001 SAINT ANDREWS RD STE 301 COLUMBIA, SC 292121167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA SHERIFFS ASSOCIATION PO BOX 21428 COLUMBIA, SC 292211428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VIKING BASEBALL BOOSTER CLUB 10120 TWO NOTCH RD STE 2 301 COLUMBIA, SC 292234385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
CONGAREE RIVERKEEPERPO BOX 5294 COLUMBIA, SC 292505294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVERSE COLLEGE580 E MAIN ST SPARTANBURG, SC 293021931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
CONVERSE COLLEGE580 E MAIN ST SPARTANBURG, SC 293021931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,505
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
ALZHEIMERS DISEASE AND RELATED DISO 901 S PINE ST SPARTANBURG, SC 293023310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 901 S PINE ST SPARTANBURG, SC 293023310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
ALZHEIMERS DISEASE AND RELATED DISO 901 S PINE ST SPARTANBURG, SC 293023310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	671
SPARTANBURG HUMANE SOCIETY INC 150 DEXTER RD SPARTANBURG, SC 293032088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE DEVELOPMENT CORPORATION 698 HOWARD STREET SPARTANBURG, SC 293032964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,725
NORTHSIDE DEVELOPMENT CORPORATION 698 HOWARD STREET SPARTANBURG, SC 293032964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,275
THE SPARTANBURG REGIONAL HEALTHCARE 101 E WOOD ST SPARTANBURG, SC 293033040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	678
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,250
UNIVERSITY OF SOUTH CAROLINA UPSTAT 800 UNIVERSITY WAY SPARTANBURG, SC 293034932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANCER ASSOCIATION OF SPARTANBURG A PO BOX 1582 SPARTANBURG, SC 293041582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HATCHER GARDEN AND WOODLAND PRESERV PO BOX 2337 SPARTANBURG, SC 293042337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA PREGNANCY CENTER PO BOX 5364 SPARTANBURG, SC 293045364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF THE PIEDMONT INC PO BOX 5624 SPARTANBURG, SC 293045624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN CULTURAL CENTER INC 200 E SAINT JOHN ST SPARTANBURG, SC 293065295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHAPMAN CULTURAL CENTER INC 200 E SAINT JOHN ST SPARTANBURG, SC 293065295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE SPARTANBURG, SC 293071037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE SPARTANBURG, SC 293071037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BOILING SPRINGS BAND BOOSTERS PO BOX 160098 BOILING SPGS, SC 293160003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THORNWELL302 S BROAD ST CLINTON, SC 293250060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THORNWELL302 S BROAD ST CLINTON, SC 293252507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SPOLETO FESTIVAL U S A 14 GEORGE STREET CHARLESTON, SC 294011524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
ACADEMIC MAGNET FOUNDATION 5109A W ENTERPRISE ST N CHARLESTON, SC 294054066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMHS PARTNERS IN EDUCATION 5109A W ENTERPRISE ST N CHARLESTON, SC 294054066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DR CHARLESTON, SC 294058216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DR CHARLESTON, SC 294058216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DR CHARLESTON, SC 294058216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT LITERACY ASSOCIATION INC 6185-D RIVERS AVE NORTH CHARLESTON, SC 294060000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PALMETTO PROJECT INC 6296 RIVERS AVE STE 100 N CHARLESTON, SC 294064922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,825
CAMP HAPPY DAYS INC 1622 ASHLEY HALL RD CHARLESTON, SC 294073824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 44-A MARKFIELD DRIVE CHARLESTON, SC 294075225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN LUNG ASSOCIATION 44-A MARKFIELD DRIVE CHARLESTON, SC 294075225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORTER-GAUD FOUNDATION 300 ALBEMARLE RD CHARLESTON, SC 294077524	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER-GAUD FOUNDATION 300 ALBEMARLE RD CHARLESTON, SC 294077524	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	550
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,750
THE CITADEL ALUMNI ASSOCIATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITADEL BRIGADIER FOUNDATION INC 171 MOULTRIE ST THE CITADEL CHARLESTON, SC 294090002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR VIEW ELEMENTARY 1576 HARBORVIEW ROAD CHARLESTON, SC 294123225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
PET HELPERS INC1447 FOLLY RD CHARLESTON, SC 294120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TRIDENT URBAN LEAGUE INC 1064 GARDNER ROAD SUITE 216 CHARLESTON, SC 294130249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLETON PLACE FOUNDATION 4300 ASHLEY RIVER RD CHARLESTON, SC 294147200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MY SISTERS HOUSE INCPO BOX 71171 N CHARLESTON, SC 294151171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
MY SISTERS HOUSE INCPO BOX 71171 N CHARLESTON, SC 294151171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT TECHNICAL COLLEGE FOUNDATIO PO BOX 61227 CHARLESTON, SC 294191227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRIDENT TECHNICAL COLLEGE FOUNDATIO PO BOX 61227 CHARLESTON, SC 294191227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,000
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,500
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,712
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISTO ISLAND OPEN LAND TRUST INC PO BOX 1 EDISTO ISLAND, SC 294380001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TIDELANDS COMMUNITY HOSPICE FOUNDAT 2591 N FRASER ST GEORGETOWN, SC 294406411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 2545 BOHICKET ROAD JOHNS ISLAND, SC 294557232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2545 BOHICKET ROAD JOHNS ISLAND, SC 294557232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OUR LADY OF MERCY COMMUNITY OUTREAC PO BOX 607 JOHNS ISLAND, SC 294570607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
EAST COOPER MEALS ON WHEELS INC PO BOX 583 MT PLEASANT, SC 294650583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COOPER MEALS ON WHEELS INC PO BOX 583 MT PLEASANT, SC 294650583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
SHARE OUR SUZY LOWCOUNTRY PO BOX 1778 MT PLEASANT, SC 294651778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SHARE OUR SUZY LOWCOUNTRY PO BOX 1778 MT PLEASANT, SC 294651778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT LAKES OUTREACH INC PO BOX 2379 MT PLEASANT, SC 294652379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CARETEAM PLUS INC 100 PROFESSIONAL PARK DR CONWAY, SC 295269260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TRINITY COLLEGIATE SCHOOL 5001 HOFFMEYER RD DARLINGTON, SC 295326850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COLLEGIATE SCHOOL 5001 HOFFMEYER RD DARLINGTON, SC 295326850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
TRINITY COLLEGIATE SCHOOL 5001 HOFFMEYER RD DARLINGTON, SC 295326850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SOWW CORP 820 67TH AVENUE SOUTH SUITE 7508 MYRTLE BEACH, SC 295720000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE ACTION INCPO BOX 866 MULLINS, SC 295740000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BELIN UNITED METHODIST CHURCH INC PO BOX 528 MURRELLS INLT, SC 295760528	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WACCAMAW COMMUNITY FOUNDATION INC 3655 HWY 17 BUSINESS MURRELLS INLET, SC 295766178	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW CATHOLIC SCHOOL 3601 N KINGS HIGHWAY MYRTLE BEACH, SC 295772933	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
COASTAL LEATHER ALLEGIANCE TO WISDO 4115 LITTLE RIVER RD APT 6F MYRTLE BEACH, SC 295770829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,335
BOYS & GIRLS CLUB OF THE GRAND STRA 1404 CARVER ST MYRTLE BEACH, SC 295773309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF THE GRAND STRA 1404 CARVER ST MYRTLE BEACH, SC 295773309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,890
COMMUNITY KITCHEN INC OF MYRTLE BEA 1411 MR JOE WHITE AVENUE MYRTLE BEACH, SC 295780563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HELPING HAND OF MYRTLE BEACH INC PO BOX 2886 MYRTLE BEACH, SC 295782886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL LEATHER ALLEGIANCE TO WISDO PO BOX 3025 MYRTLE BEACH, SC 295783025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	330
DIOCESE OF CHARLESTON 1633 WAVERLY RD PAWLEYS ISL, SC 295855842	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
LOW COUNTRY DAY SCHOOL INC 300 BLUE STEM DR PAWLEYS ISL, SC 295857763	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH STRAND LIONS CLUB FOUNDATION PO BOX 15946 SURFSIDE BCH, SC 295875946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FREEDOM READERS INCPO BOX 30548 MYRTLE BEACH, SC 295880010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 165 CO OP RD MYRTLE BEACH, SC 295887375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA HAVEN INCPO BOX 600 N MYRTLE BEACH, SC 295970600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEACE CENTER FOUNDATION 101 W BROAD ST GREENVILLE, SC 296012611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GREENVILLE SYMPHONY ASSOCIATION 200 S MAIN ST GREENVILLE, SC 296012832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPSTATE AFFILIATE ORGANIZATION 300 E MCBEE AVE GREENVILLE, SC 296012842	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	365
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 296013320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MIRACLE HILL MINISTRIES INC PO BOX 2546 GREENVILLE, SC 296022546	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHANDLER SCHOOL2900 AUGUSTA ST GREENVILLE, SC 296052048	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
RONALD MCDONALD HOUSE CHARITIES OF 706 GROVE RD GREENVILLE, SC 296054211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 706 GROVE RD GREENVILLE, SC 296054211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALD IS BEAUTIFUL HAIRLESS & SMALL 14 S FAIRFIELD RD GREENVILLE, SC 296055002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,000
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DR GREENVILLE, SC 296071230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY WORKS101 W ANTRIM DR GREENVILLE, SC 296072505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR C17 GREENVILLE, SC 296072533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,397
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR C17 GREENVILLE, SC 296072533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,410
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR C17 GREENVILLE, SC 296072533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEMOPHILIA OF SOUTH CAROLINA 439 CONGAREE ROAD GREENVILLE, SC 296072867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOODWILL INDUSTRIES OF UPSTATE MIDL 115 HAYWOOD RD GREENVILLE, SC 296073422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,200
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	919
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LUCKY PUP RESCUE200 PLANO DR GREENVILLE, SC 296177404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW COVENANT SCHOOL 301 SIMPSON ROAD ANDERSON, SC 296212157	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4124 CLEMSON BLVD STE L ANDERSON, SC 296211186	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	600
NORTH POINTE ELEMENTARY SCHOOL PTO 3325 N HIGHWAY 81 ANDERSON, SC 296213627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NORTH POINTE ELEMENTARY SCHOOL PTO 3325 N HIGHWAY 81 ANDERSON, SC 296213627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF ANDERSON IN 210 S MURRAY AVE ANDERSON, SC 296241515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CLEMSON COMMUNITY CARE INC PO BOX 271 CLEMSON, SC 296330271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SERTOMA INTERNATIONAL PO BOX 1098 CLEMSON, SC 296331098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON ALUMNI ASSOCIATION PO BOX 1889 CLEMSON, SC 296331889	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
CLEMSON ALUMNI ASSOCIATION PO BOX 1889 CLEMSON, SC 296331889	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
CLEMSON ARCHITECTURAL FOUNDATION LEE HALL 3-119 CLEMSON, SC 296340001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERSKINE COLLEGE POST OFFICE BOX 338 DUE WEST, SC 296390337	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PICKENS COUNTY YOUNG MENS CHRISTIAN 201 BURNS RD EASLEY, SC 296403713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FRAZEE CENTER8110 HIGHWAY 81 N EASLEY, SC 296427804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAZEE CENTER8110 HIGHWAY 81 N EASLEY, SC 296427804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
FRAZEE CENTER8110 HIGHWAY 81 N EASLEY, SC 296427804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
FRAZEE CENTER8110 HIGHWAY 81 N EASLEY, SC 296427804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY COMMONS 1110 MARSHALL RD ATTN FOUNDATION OFFICE GREENWOOD, SC 296464216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PICKENS COUNTY HUMANE SOCIETY PO BOX 83 LIBERTY, SC 296570083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
NORTH GREENVILLE UNIVERSITY PO BOX 1892 TIGERVILLE, SC 296881892	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMANUELS HAMMER 143 DRY ROCK RD TOWNVILLE, SC 296893837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
CALVARY CHAPEL GREENVILLE 18 FEVERSHAM CT TRAVELERS RST, SC 296909580	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
HARLANS HEROES3410 BROACH DR CATAWBA, SC 297049491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAD - MECKLENBURG AMBULANCE DRIVERS 7428 FALLEN TIMBER LN TEGA CAY, SC 297088352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
MAD - MECKLENBURG AMBULANCE DRIVERS 7428 FALLEN TIMBER LN TEGA CAY, SC 297088352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FORT MILL WRESTLING FOUNDATION 81 CAROWOOD DR FORT MILL, SC 297088922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL ELEMENTARY 6000 E HIGHWAY 55 EAST CLOVER, SC 297108552	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
CLOVER AREA ASSISTANCE CENTER INC PO BOX 521 CLOVER, SC 297100521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CLOVER AREA ASSISTANCE CENTER INC PO BOX 521 CLOVER, SC 297100521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYA ORPHANAGE PROJECT PO BOX 5234 LAKE WYLIE, SC 297105003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BETHEL PRESBYTERIAN CHURCH 2445 HIGHWAY 557 CLOVER, SC 297107310	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,750
BETHEL PRESBYTERIAN CHURCH 2445 HIGHWAY 557 CLOVER, SC 297107310	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDEABILITY THERAPEUTIC RIDING CENT 937 STALLION SPIRIT TRL CLOVER, SC 297108245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIDEABILITY THERAPEUTIC RIDING CENT 937 STALLION SPIRIT TRL CLOVER, SC 297108245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
RIDEABILITY THERAPEUTIC RIDING CENT 937 STALLION SPIRIT TRL CLOVER, SC 297108245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKRIDGE MIDDLE SCHOOL PTSO 5657 OAKRIDGE RD CLOVER, SC 297108390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
OAKRIDGE ELEMENTARY SCHOOL PTO 5670 OAKRIDGE RD CLOVER, SC 297108390	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL ELEMENTARY SCHOOL PTO 192 SPRINGFIELD PKWY FORT MILL, SC 297150000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FORT MILL ELEMENTARY SCHOOL PTO 192 SPRINGFIELD PKWY FORT MILL, SC 297150000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,986
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	377
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	252
SPRINGFIELD MIDDLE SCHOOL PTO 1711 SPRINGFIELD PKWY FORT MILL, SC 297158407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD MIDDLE SCHOOL PTO 1711 SPRINGFIELD PKWY FORT MILL, SC 297158407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
PTA SOUTH CAROLINA CONGRESS 1691 SPRINGFIELD PKWY FORT MILL, SC 297158811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WORLD OUTREACH COMMUNITY INC PO BOX 34 FORT MILL, SC 297160034	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL DISTRICT BAND BOOSTER CLU PO BOX 611 FORT MILL, SC 297160611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FORT MILL DISTRICT BAND BOOSTER CLU PO BOX 611 FORT MILL, SC 297160611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,001
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	401
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIVE HOPE INCPO BOX 2071 FORT MILL, SC 297162071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS PARKER TRACK CLUB PO BOX 145 LANCASTER, SC 297210145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BIG THURSDAY OF LANCASTER INC PO BOX 1025 LANCASTER, SC 297211025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG THURSDAY OF LANCASTER INC PO BOX 1025 LANCASTER, SC 297211025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNE SCHOOL1698 BIRD STREET ROCK HILL, SC 297303800	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	92
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNITED INTERNATIONAL MINISTRIES PO BOX 36242 ROCK HILL, SC 297320504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALMETTO SCHOOL AT THE CHILDREN PO BOX 2892 ROCK HILL, SC 297324892	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CAROLINAS WIND ORCHESTRA PO BOX 3063 ROCK HILL, SC 297325063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHOWTIME THEATRE COMPANY 3074 DENALI WAY ROCK HILL, SC 297327653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RICHARDSON RESCUE1968 GARVIN RD YORK, SC 297456506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON RESCUE1968 GARVIN RD YORK, SC 297456506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
RICHARDSON RESCUE1968 GARVIN RD YORK, SC 297456506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
RICHARDSON RESCUE1968 GARVIN RD YORK, SC 297456506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON RESCUE1968 GARVIN RD YORK, SC 297456506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF YORK COUNTY ANIMAL SHELT PO BOX 304 YORK, SC 297457751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF YORK COUNTY ANIMAL SHELT PO BOX 304 YORK, SC 297457751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIKEN TECHNICAL COLLEGE FOUNDATION PO DRAWER 696 AIKEN, SC 298020696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AIKEN LAND CONSERVANCY PO BOX 3096 AIKEN, SC 298023096	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NWTFPO BOX 530 EDGEFIELD, SC 298240530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA CUPSPO BOX 3195 BLUFFTON, SC 299100614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOSPICE CARE OF THE LOWCOUNTRY INC 7 PLANTATION PARK DR UNIT 4 BLUFFTON, SC 299106035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SEA ISLAND CORRIDOR COALITION PO BOX 533 ST HELENA IS, SC 299200533	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER RESPITE & RESOURCE PO BOX 22330 HILTON HEAD, SC 299252330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE PERFORMING ARTS CONSORTIUM INC PO BOX 22507 HILTON HEAD, SC 299252507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION OF THE LOWCOUN PO BOX 23019 HILTON HEAD, SC 299253019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE LOWCOUN PO BOX 23019 HILTON HEAD, SC 299253019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEAUFORT-JASPER YMCA OF THE LOWCOUN 1801 RICHMOND AVE PORT ROYAL, SC 299352014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WEBB BRIDGE MIDDLE SCHOOL 4455 WEBB BRIDGE RD ALPHARETTA, GA 300054256	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	172
NATIONAL CHRISTIAN CHARITABLE FOUND 11625 RAINWATER DR STE 500 ALPHARETTA, GA 300098678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RE-CHRIST MINISTRIES INC PO BOX 922518 NORCROSS, GA 300102518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WE RIDE TO PROVIDE INC 15 HUNTINGTON PL COVINGTON, GA 300165673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE CARAVAN RESCUE INC 3734 MARKET ST CLARKSTON, GA 300212637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH POINT MINISTRIES FOUNDATIONIN 4350 N POINT PKWY ALPHARETTA, GA 300224101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,200
NORTH POINT MINISTRIES FOUNDATIONIN 4350 N POINT PKWY ALPHARETTA, GA 300224101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH POINT MINISTRIES FOUNDATIONIN 4350 N POINT PKWY ALPHARETTA, GA 300224101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
PTA GEORGIA CONGRESS 4375 KIMBALL BRIDGE RD JOHNS CREEK, GA 300224409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	344
INTEGRITY CHLIDRENS FUND INC PO BOX 4402 ALPHARETTA, GA 300234402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTEGRITY CHLIDRENS FUND INC PO BOX 4402 ALPHARETTA, GA 300234402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
INTEGRITY CHLIDRENS FUND INC PO BOX 4402 ALPHARETTA, GA 300234402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTEGRITY CHLIDRENS FUND INC PO BOX 4402 ALPHARETTA, GA 300234402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH COUNTY LIONS CHARITIES INC PO BOX 1317 CUMMING, GA 300281317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA STUDENT SCHOLARSHIP ORGANIZ PO BOX 1752 CUMMING, GA 300281752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,374
HORIZON CHRISTIAN ACADEMY PO BOX 2715 CUMMING, GA 300286508	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,445
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYLDE CENTER INC435 OAKVIEW RD DECATUR, GA 300304325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
WYLDE CENTER INC435 OAKVIEW RD DECATUR, GA 300304325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
WOMEN MOVING ON INCPO BOX 171 DECATUR, GA 300310171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN MOVING ON INC PO BOX 171 DECATUR, GA 300310171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
INTERNATIONAL WOMENS HOUSE INC PO BOX 1327 DECATUR, GA 300311327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAMP SUNSHINE INC 1850 CLAIRMONT RD DECATUR, GA 300333405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HESS ACADEMY INC611 MEDLOCK RD DECATUR, GA 300335510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GEORGIA INNOCENCE PROJECT INC 2645 N DECATUR RD DECATUR, GA 300336103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
A TRIP TO REMEMBER INC 3196 ABBEYWOOD DR DECATUR, GA 300341723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES H WESLEY EDUCATION FOUNDATI PO BOX 371054 DECATUR, GA 300371054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
JAMES L THORNTON MEMORIAL SCHOLARSH PO BOX 2076 LITHONIA, GA 300381602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FORSYTH COUNTY COMMUNITY CONNECTION 133 SAMARITAN DR CUMMING, GA 300402396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTING ADOPTION & FOSTER FAMILI 219 CASTLEBERRY RD CUMMING, GA 300402667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PKWY 108 CUMMING, GA 300416899	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE ERIC R BEVERLY FAMILY FOUNDATIO 1475 BUFORD DRIVE SUITE 403-127 LAWRENCEVILLE, GA 300433798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT HOSPITAL SYSTEM FOUNDATION 1755 NORTH BROWN RD LAWRENCEVILLE, GA 300438198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALFALAH ACADEMY INC 4805 LAWRENCEVILLE HIGHWAY STE 220 LILBURN, GA 300473859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ALFALAH ACADEMY INC 4805 LAWRENCEVILLE HIGHWAY STE 220 LILBURN, GA 300473859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALFALAH ACADEMY INC 4805 LAWRENCEVILLE HIGHWAY STE 220 LILBURN, GA 300473859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ALFALAH ACADEMY INC 4805 LAWRENCEVILLE HIGHWAY STE 220 LILBURN, GA 300473859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ANNA L HAAS HUMANE SOCIETY OF COBB 148 FAIRGROUND ST SE MARIETTA, GA 300602352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEMOTRAIL CORPS INC 739 KENNESAW AVE NW MARIETTA, GA 300606912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGIA SYMPHONY ORCHESTRA PO BOX 791 MARIETTA, GA 300610791	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,125
COBB COUNTY GENEALOGICAL SOCIETY IN PO BOX 1413 MARIETTA, GA 300611413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,290
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,600
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,625
EAST VALLEY ELEMENTARY SCHOOL FOUND 2146 ROSWELL ROAD SUITE 108-1012 MARIETTA, GA 300623802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MURDOCK ELEMENTARY SCHOOL FOUNDATIO 2320 MURDOCK RD MARIETTA, GA 300624571	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALTON HIGH SCHOOL FOUNDATION INC 1590 BILL MURDOCK RD MARIETTA, GA 300625953	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
VETTOCEO 1750 PWDER SPRGS RD STE190 PMB219 MARIETTA, GA 300644861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
BLUE SKIES MINISTRIES INC 1000 WHITLOCK AVE STE 320 234 MARIETTA, GA 300645455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCLESKEY MIDDLE SCHOOL 4080 MAYBREEZE ROAD MARIETTA, GA 300662734	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
EASTVALLEY ELEMENTARY SCHOOL 2570 LOWER ROSWELL RD MARIETTA, GA 300683635	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
MT BETHEL CHRISTIAN ACADEMY INC 4385 LOWER ROSWELL ROAD MARIETTA, GA 300684130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT BETHEL ELEMENTARY SCHOOL 1210 JOHNSON FERRY ROAD MARIETTA, GA 300681620	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
MOUNT BETHEL ELEMENTARY SCHOOL 1210 JOHNSON FERRY ROAD MARIETTA, GA 300681620	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
SIKH EDUCATIONAL WELFARE ASSOCIATIO 10590 WOODSTOCK RD ROSWELL, GA 300752971	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
HIGH MEADOWS SCHOOL INC 1055 WILLEO RD ROSWELL, GA 300754131	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,915
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMESTRETCH INC89 GROVE WAY ROSWELL, GA 300754532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ST FRANCIS DAY SCHOOL INC 9375 WILLEO RD ROSWELL, GA 300754743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA PHILHARMONIA INC PO BOX 153 ROSWELL, GA 300770153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MICHAEL O NEAL SINGERS INC PO BOX 1008 ROSWELL, GA 300771008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1625 SPRING RD SE SMYRNA, GA 300803774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1625 SPRING RD SE SMYRNA, GA 300803774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LUNG ASSOCIATION 2452 SPRING RD SE SMYRNA, GA 300803828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 2452 SPRING RD SE SMYRNA, GA 300803828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIA-AMERICAN CULTURAL ASSOCIATION 1281 COOPER LAKE RD SE SMYRNA, GA 300824720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	924
SIDE BY SIDE BRAIN INJURY CLUBHOUSE 1001 MAIN ST STONE MTN, GA 300832922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NET WORKS COOPERATIVE MINISTRY INC 2380 4TH ST TUCKER, GA 300844463	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONARIES OF THE POOR USA INC 3758 LAVISTA RD STE 100 TUCKER, GA 300845620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOMEAID ATLANTA INC 1484 BROCKETT RD TUCKER, GA 300847317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOMEAID ATLANTA INC 1484 BROCKETT RD TUCKER, GA 300847317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE LOVE CENTURY INC 5265 POST ROAD PASS STONE MTN, GA 300882231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHRISTOS MINISTRIES INC 5036 VILLAS TERRACE STONE MOUNTAIN, GA 300883787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORCROSS COOPERATIVE MINISTRY INC PO BOX 1489 NORCROSS, GA 300911489	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN SCHOOL INC 5405 SPALDING DR PEACHTREE CORNERS, GA 300922614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
BOMBAY TEEN CHALLENGE 7742 SPALDING DR BOX 470 NORCROSS, GA 300924207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARIS INC6377 HAWTHORNE TER PEACHTREE COR, GA 300924874	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA EXTENSION 4-H FOUNDATION 1400 PARKER RD STE A CONYERS, GA 300945953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HARRISON HIGH BAND BOOSTERS INC PO BOX 801017 ACWORTH, GA 301011017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FORGOTTEN PAWS DOG RESCUE 3360 JOSEPH DR NW ACWORTH, GA 301014013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WEST GEORGIA FOUNDATI 1601 MAPLE ST CARROLLTON, GA 301180001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF WEST GEORGIA FOUNDATI 1601 MAPLE ST CARROLLTON, GA 301180001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
DELIVERED VESSELS INC 1400 VETERANS MEMORIAL HWY MABLETON, GA 301262945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITEFIELD ACADEMY INC ONE WHITEFIELD DR MABLETON, GA 301265236	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WHITEFIELD ACADEMY INC ONE WHITEFIELD DR MABLETON, GA 301265236	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WHITEFIELD ACADEMY INC ONE WHITEFIELD DR MABLETON, GA 301265236	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHUBB FOUNDATION INC 896 GRAMERCY HILLS LN MABLETON, GA 301267249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
POWDER SPRINGS COMMUNITY TASK FORCE PO BOX 884 POWDER SPGS, GA 301270884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALVARY CHILDRENS HOME INC 1430 LOST MOUNTAIN RD POWDER SPGS, GA 301271069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY CHILDRENS HOME INC 1430 LOST MOUNTAIN RD POWDER SPGS, GA 301271069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CALVARY CHILDRENS HOME INC 1430 LOST MOUNTAIN RD POWDER SPGS, GA 301271069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUSKY PACK RESCUE 1738 CHARRINGTON WAY POWDER SPGS, GA 301271261	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RS ALEXANDER HIGH SCHOOL BAND BOOST 6500 ALEXANDER PKWY DOUGLASVILLE, GA 301353596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHABAD JEWISH EDUCATION CENTER INC 1480 SHILOH RD NW SUITE 500 KENNESAW, GA 301441792	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,482
KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN RD NW KENNESAW, GA 301445588	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR HOME5 LEON ST SW ROME, GA 301654021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OPEN DOOR HOME5 LEON ST SW ROME, GA 301654021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DELTA PHI LAMBDA FOUNDATION 7012 IVY POINTE ROW AUSTELL, GA 301685837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAY HOME FOUNDATION INC 160 HEDGEROW TRL FAYETTEVILLE, GA 302147269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HARMONY HOUSE DOMESTIC VIOLENCE SHE PO BOX 2925 LAGRANGE, GA 302410060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EAGLES LANDING CHRISTIAN ACADEMY IN 2400 HIGHWAY 42 N MCDONOUGH, GA 302534738	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERENBE CENTER FOR ARTS AND CULTURE 9110 SELBORNE LN STE 210 PALMETTO, GA 302682282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PHI MU FOUNDATION 400 WESTPARK DR PEACHTREE CTY, GA 302691482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
BUSINESS WOMEN OF FAYETTE & COWETA PO BOX 692 SENOIA, GA 302760692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCALABLE ORGANIC SOLUTIONS PO BOX 29 SHARPSBURG, GA 302770029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
STOCKBRIDGE HIGH SCHOOL 1151 OLD CONYERS RD STOCKBRIDGE, GA 302812605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
SOUTHWEST CHRISTIAN HOSPICE AND HOP 7225 LESTER RD UNION CITY, GA 302912316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA COUNCIL ON ECONOMIC EDUCATI PO BOX 1619 ATLANTA, GA 303011619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
GEORGIA COUNCIL ON ECONOMIC EDUCATI PO BOX 1619 ATLANTA, GA 303011619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GEORGIA COUNCIL ON ECONOMIC EDUCATI PO BOX 1619 ATLANTA, GA 303011619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA UNION MISSION CORPORATION PO BOX 1807 ATLANTA, GA 303011807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ATLANTA UNION MISSION CORPORATION PO BOX 1807 ATLANTA, GA 303011807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,700
ATLANTA UNION MISSION CORPORATION PO BOX 1807 ATLANTA, GA 303011807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	305
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA UNION MISSION CORPORATION PO BOX 1807 ATLANTA, GA 303011807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	512
ATLANTA UNION MISSION CORPORATION PO BOX 1807 ATLANTA, GA 303011807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSEA FEED THE HUNGRY AND HOMELESS PO BOX 4672 ATLANTA, GA 303024672	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	915
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	93
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,630
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	976
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,537
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULE FOUNDATION 260 PEACHTREE STREET NW ATLANTA, GA 303031202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BOULE FOUNDATION 260 PEACHTREE STREET NW ATLANTA, GA 303031202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE URBAN LEAGUE OF GREATER ATLANTA PEACHTREE CENTER - INTERNATIONAL TOWER - 229 PEACHTREE STREET NE SUI ATLANTA, GA 303031600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CENTER FOR HUMAN RIGHTS 83 POPLAR ST NW ATLANTA, GA 303032122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,735
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,180
ATLANTA MINISTRY WITH INTERNATIONAL 3434 ROSWELL RD NW ATLANTA, GA 303051202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ATLANTA MINISTRY WITH INTERNATIONAL 3434 ROSWELL RD NW ATLANTA, GA 303051202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT RD NE BLDG 5 STE 215 ATLANTA, GA 303051586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
ACORNS TO OAKS FOUNDATION INC 2870 PEACHTREE ROAD ROOM 356 ATLANTA, GA 303052918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ACORNS TO OAKS FOUNDATION INC 2870 PEACHTREE ROAD ROOM 356 ATLANTA, GA 303052918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA INTERNATIONAL SCHOOL INC 2890 N FULTON DR ATLANTA, GA 303053155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,833
ATLANTA INTERNATIONAL SCHOOL INC 2890 N FULTON DR ATLANTA, GA 303053155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
DRUID HILLS PRESCHOOL INC 502 SEMINOLE AVE NE ATLANTA, GA 303071418	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARTER CENTER INC ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,275
THE CARTER CENTER INC ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	385
THE CARTER CENTER INC ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARTER CENTER INC ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE CARTER CENTER INC ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	435
DOBERMAN RESCUE OF ATLANTA INC 575 PAGE AVE NE ATLANTA, GA 303071766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART PAPERS INC 1083 AUSTIN AVE - STE 206 ATLANTA, GA 303071940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ART PAPERS INC 1083 AUSTIN AVE - STE 206 ATLANTA, GA 303071940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
KASHI ATLANTA INC 1681 MCLENDON AVE ATLANTA, GA 303072138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE STEWART FOUNDATION INC PO BOX 54680 ATLANTA, GA 303080680	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	350
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	350
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF ATLANTA OFFICE OF CA 680 W PEACHTREE ST NW ATLANTA, GA 303081931	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
WHOLESOME WAVE GEORGIA INCORPORATED 2277 PEACHTREE RD NE STE A ATLANTA, GA 303091173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NW ATLANTA, GA 303091426	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NW ATLANTA, GA 303091426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,475
SHEPHERD CENTER INC 2020 PEACHTREE RD ATLANTA, GA 303091465	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
ATLANTA JEWISH FILM SOCIETY INC 1800 PEACHTREE ST NW STE 830 ATLANTA, GA 303092531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA JEWISH FILM SOCIETY INC 1800 PEACHTREE ST NW STE 830 ATLANTA, GA 303092531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	114
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE ATLANTA, GA 303093212	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 303093234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
GEORGIA INTERSCHOLASTIC CYCLING LEA 31 BARKSDALE DR NE ATLANTA, GA 303093302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	799
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA MUSIC PROJECT INC 1280 PEACHTREE STREET NE SUITE 4074 ATLANTA, GA 303093502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	965
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAMMONDS HOUSE GALLERIES INC 503 PEEPLES ST SW ATLANTA, GA 303101815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAINT JOSEPHS MERCY CARE SERVICES I 424 DECATUR ST SE ATLANTA, GA 303121848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CARE FOUNDATION INC 424 DECATUR ST SE ATLANTA, GA 303121848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISTORIC OAKLAND FOUNDATION INC 248 OAKLAND AVE SE ATLANTA, GA 303122220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CENTER FOR WORKING FAMILIES INC 477 WINDSOR STREET SW SUITE 101 ATLANTA, GA 303122530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR WORKING FAMILIES INC 477 WINDSOR STREET SW SUITE 101 ATLANTA, GA 303122530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,265
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEST COMMUNITY DEVELOPMENT ORGANIZ 878 ROCK ST NW ATLANTA, GA 303143377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,050
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW ATLANTA, GA 303144358	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW ATLANTA, GA 303144358	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	289
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,481
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	630
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	746
THE DIAN FOSSEY GORILLA FUND INTERN 800 CHEROKEE AVE ATLANTA, GA 303151470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
GEORGIA ROBOTICS ALLIANCE INC 2152 COLLINS DR NW ATLANTA, GA 303181218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTAHOOCHEE RIVERKEEPER INC 916 JOSEPH LOWERY BOULEVARD SUITE 3 ATLANTA, GA 303185280	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
POINTS OF LIGHT FOUNDATION 600 MEANS ST NW STE 210 ATLANTA, GA 303185799	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POINTS OF LIGHT FOUNDATION 600 MEANS ST NW STE 210 ATLANTA, GA 303185799	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,010
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303186628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
KITTREDGE MAGNET SCHOOL 1663 E NANCY CREEK DR NE ATLANTA, GA 303193126	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETTIE BRAND MOTHERS EMPOWERMENT FU 1165 CHURCHILL DOWNS RD ATLANTA, GA 303191077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA GEORGIA CONGRESS 3995 ASHFORD DUNWOODY RD NE ATLANTA, GA 303191855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
ASHFORD PARK SCHOOL EDUCATION FOUND 4062 PEACHTREE RD SUITE A 243 BROOKHAVEN, GA 303193021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHFORD PARK SCHOOL EDUCATION FOUND 4062 PEACHTREE RD SUITE A 243 BROOKHAVEN, GA 303193021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
EMORY UNIVERSITY 1762 CLIFTON ROAD STE 1400 ATLANTA, GA 303221013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD STE 1400 ATLANTA, GA 303221013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
EMORY UNIVERSITY 1762 CLIFTON ROAD STE 1400 ATLANTA, GA 303221013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
EMORY UNIVERSITY 1762 CLIFTON ROAD STE 1400 ATLANTA, GA 303221013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD STE 1400 ATLANTA, GA 303221013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,125
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,086
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,500
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT RECORDS ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FORE HADLEY FOUNDATION INC PO BOX 244122 ATLANTA, GA 303242403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FUTURE SUCCESSORS INC 711 COSMOPOLITAN DR NE UNIT 309 ATLANTA, GA 303243622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE SUCCESSORS INC 711 COSMOPOLITAN DR NE UNIT 309 ATLANTA, GA 303243622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ATLANTA EDUCATIONAL TELECOMMUNICATI 740 BISMARK RD NE ATLANTA, GA 303244102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA EDUCATIONAL TELECOMMUNICATI 740 BISMARK RD NE ATLANTA, GA 303244102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,187
ATLANTA EDUCATIONAL TELECOMMUNICATI 740 BISMARK RD NE ATLANTA, GA 303244102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ATLANTA EDUCATIONAL TELECOMMUNICATI 740 BISMARK RD NE ATLANTA, GA 303244102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF ATLANTA INC 1904 MONROE DR NE SUITE 135 ATLANTA, GA 303244859	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN OF ATLANTA INC 1904 MONROE DR NE SUITE 135 ATLANTA, GA 303244859	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
GIRLS ON THE RUN OF ATLANTA INC 1904 MONROE DR NE SUITE 135 ATLANTA, GA 303244859	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS BRANDON ELEMENTARY SCHOOLFOU 2741 HOWELL MILL ROAD NW ATLANTA, GA 303271331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
MORRIS BRANDON ELEMENTARY SCHOOLFOU 2741 HOWELL MILL ROAD NW ATLANTA, GA 303271331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THEVI AND MILTON WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA, GA 303272108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PACE ACADEMY INC 966 W PACES FERRY RD NW ATLANTA, GA 303272648	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PACE ACADEMY INC 966 W PACES FERRY RD NW ATLANTA, GA 303272648	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,666
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE ACADEMY INC 966 W PACES FERRY RD NW ATLANTA, GA 303272648	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
HOLY SPIRIT PREPARATORY SCHOOL 4449 NORTHSIDE DRIVE ATLANTA, GA 303273600	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
HOLY SPIRIT PREPARATORY SCHOOL INC 4449 NORTHSIDE DR NW ATLANTA, GA 303273623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY SPIRIT PREPARATORY SCHOOL INC 4449 NORTHSIDE DR NW ATLANTA, GA 303273623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,250
HOLY SPIRIT PREPARATORY SCHOOL INC 4449 NORTHSIDE DR NW ATLANTA, GA 303273623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
WARRICK DUNN CHARITIES INC 3223 HOWELL MILL RD NW ATLANTA, GA 303274105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY INNOCENTS EPISCOPAL SCHOOL INC 805 MT VERNON HWY NW ATLANTA, GA 303274338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
HOLY INNOCENTS EPISCOPAL SCHOOL INC 805 MT VERNON HWY NW ATLANTA, GA 303274338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
HOLY INNOCENTS EPISCOPAL SCHOOL INC 805 MT VERNON HWY NW ATLANTA, GA 303274338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IANS FRIENDS FOUNDATION INC 855 MARSEILLES DR NW ATLANTA, GA 303274343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SCHENCK SCHOOL INC 282 MOUNT PARAN RD NW ATLANTA, GA 303274664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SPALDING DRIVE ELEMENTARY 130 W SPALDING DR NE ATLANTA, GA 303281913	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF GEORGIA INC 6065 ROSWELL ROAD SUITE 770 ATLANTA, GA 303284030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MOUNT VERNON PRESBYTERIAN SCHOOL IN 471 MT VERNON HWY NE ATLANTA, GA 303284141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BUILDING B ATLANTA, GA 303285380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE ALS ASSOCIATION OF GEORGIA INC 5881 GLENRIDGE DR STE 200 ATLANTA, GA 303285569	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CLIFF VALLEY SCHOOL 2426 CLAIRMONT ROAD NE ATLANTA, GA 303293330	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,541
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIFF VALLEY SCHOOL 2426 CLAIRMONT ROAD NE ATLANTA, GA 303293330	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
CLIFF VALLEY SCHOOL 2426 CLAIRMONT ROAD NE ATLANTA, GA 303293330	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,058
THE SALVATION ARMY 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 303292018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 303292018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
GEORGIA COMMUNITY SUPPORT AND SOLUT 1945 CLIFF VALLEY WAY NE STE 220 ATLANTA, GA 303292436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 303330466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN COMMUNITY GARDENING ASSOC 3271 MAIN ST COLLEGE PARK, GA 303371208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOODWARD ACADEMY INC 1662 RUGBY AVE COLLEGE PARK, GA 303372116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
WOODWARD ACADEMY INC 1662 RUGBY AVE COLLEGE PARK, GA 303372116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNWOODY HIGH SCHOOL 5035 VERMACK ROAD DUNWOODY, GA 303384626	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PIANOSFOREDUCATIONORG INC 1263 FAIRFIELD E ATLANTA, GA 303383229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,356
DUNWOODY HIGH SCHOOL PARENT TEACHER 5035 VERMACK RD DUNWOODY, GA 303384626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN ELEMENTARY EAGLE FOUNDATION 4780 ASHFORD DUNWOODY RD SUITE A602 DUNWOODY, GA 303385564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PEACHTREE CHARTER MIDDLE SCHOOL FOU 4664 N PEACHTREE RD DUNWOODY, GA 303385811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEACHTREE CHARTER MIDDLE SCHOOL FOU 4664 N PEACHTREE RD DUNWOODY, GA 303385811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CAREER SERVICES INC 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 303386210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
JEWISH FAMILY & CAREER SERVICES INC 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 303386210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
RAMAH DAROM INC 6400 POWERS FERRY RD NW STE 215 ATLANTA, GA 303392925	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SABHA INC 3825 PACES FERRY WEST SE ATLANTA, GA 303394140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	264
AK BETTERMENT FOUNDATION INC 202 COVE PL ATLANTA, GA 303395205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METRO ATLANTA RECOVERY RESIDENCES I 2815 CLEARVIEW DRIVE DORAVILLE, GA 303402131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PARENT TO PARENT OF GEORGIA INC 3070 PRESIDENTIAL PARKWAY SUITE 130 ATLANTA, GA 303403712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE GALLOWAY SCHOOL 215 WEST WIEUCA ROAD NW ATLANTA, GA 303423223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GALLOWAY SCHOOL 215 WEST WIEUCA ROAD NW ATLANTA, GA 303423223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE GALLOWAY SCHOOL 215 WEST WIEUCA ROAD NW ATLANTA, GA 303423223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,100
THE NORTHSIDE HOSPITAL FOUNDATION I 1000 JOHNSON FERRY RD NE ATLANTA, GA 303421606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTHSIDE HOSPITAL FOUNDATION I 1000 JOHNSON FERRY RD NE ATLANTA, GA 303421606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHASTAIN PARK CONSERVANCY 4001 POWERS FERRY RD ATLANTA, GA 303424027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEASTERN BRAIN TUMOR FOUNDATION PO BOX 422471 ATLANTA, GA 303429471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN BRAIN TUMOR FOUNDATION PO BOX 422471 ATLANTA, GA 303429471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRI-CITIES FRIENDS OF KITTIES INC 1287 JEFFERSON AVE ATLANTA, GA 303442751	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST PIUS X CATHOLIC HIGH SCHOOL 2674 JOHNSON RD NE ATLANTA, GA 303451720	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X CATHOLIC HIGH SCHOOL 2674 JOHNSON RD NE ATLANTA, GA 303451720	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
THE EMPTY STOCKING FUND INC 1975 CENTURY BLVD NE STE 16 ATLANTA, GA 303453316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
THE EMPTY STOCKING FUND INC 1975 CENTURY BLVD NE STE 16 ATLANTA, GA 303453316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBE ACADEMY INC 2225 HERITAGE DR NE ATLANTA, GA 303453534	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY ASSISTANCE CENTER INC 1130 HIGHTOWER TRL SANDY SPGS, GA 303502910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AHEPA MOTHER LODGE CHAPTER NO 1 EDU 7971 MAGNOLIA SQ SANDY SPRINGS, GA 303504025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERWOOD HIGH SCHOOL FOUNDATION IN PO BOX 76533 SANDY SPGS, GA 303581533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
APOGEE GEORGIA SCHOOL CHOICE SCHOLA PO BOX 117183 ATLANTA, GA 303687183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,412
APOGEE GEORGIA SCHOOL CHOICE SCHOLA PO BOX 117183 ATLANTA, GA 303687183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHOICES OF THE HEART PREGNANCY COUN PO BOX 2073 STATESBORO, GA 304592073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GEORGIA SOUTHERN UNIVERSITY FOUNDAT PO BOX 8053 STATESBORO, GA 304601000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF HALL COUNTY 845 W RIDGE RD GAINESVILLE, GA 305016965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF HALL COUNTY 845 W RIDGE RD GAINESVILLE, GA 305016965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF HALL COUNTY 845 W RIDGE RD GAINESVILLE, GA 305016965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF LANIER INC PO BOX 691 GAINESVILLE, GA 305030691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
PROJECT CHIMPSPO BOX 2140 BLUE RIDGE, GA 305130037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNION COUNTY HISTORICAL SOCIETY INC PO BOX 35 BLAIRSVILLE, GA 305140035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUGAR HILL CHRISTIAN ACADEMY 4600 NELSON BROGDON BLVD BUFORD, GA 305183479	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
FOUR SEASONS MONTESSORI SCHOOL PARE 4755 SPOUT SPRINGS RD BUFORD, GA 305195424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1394 CLAYTON, GA 305251394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD BOUND PET RESCUE INC PO BOX 792 ELLIJAY, GA 305400011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOMEWARD BOUND PET RESCUE INC PO BOX 792 ELLIJAY, GA 305400011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOMEWARD BOUND PET RESCUE INC PO BOX 792 ELLIJAY, GA 305400011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOCCOA-STEPHENS COUNTY FOUNDATION I PO BOX 23 TOCCOA, GA 305771400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INTERFAITH HOSPITALITY NETWORK OF A 393 W HANCOCK AVE ATHENS, GA 306012500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EAST ATHENS DEVELOPMENT CORPORATION 410 MCKINLEY DR ATHENS, GA 306013270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	841
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	375
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	520
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,070
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	775
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE SUITE 100 ATHENS, GA 306025582	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,400
FOUNDATION FOR EXCELLENCE IN PUBLIC PO BOX 1708 ATHENS, GA 306031708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ORGANIZATION 562 RESEARCH DR ATHENS, GA 306052730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GEORGIA RIVER NETWORK INC 126 SOUTH MILLEDGE AVE SUITE E3 ATHENS, GA 306055666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEANNETTE RANKIN FOUNDATION INC 1 HUNTINGTON RD STE 701 ATHENS, GA 306067214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEANNETTE RANKIN FOUNDATION INC 1 HUNTINGTON RD STE 701 ATHENS, GA 306067214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JEANNETTE RANKIN FOUNDATION INC 1 HUNTINGTON RD STE 701 ATHENS, GA 306067214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAKE OCONEE ACADEMY FOUNDATION INC 1021 TITAN CIR GREENSBORO, GA 306426047	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENFIELD CHRISTIAN HOME INC 1061 MERCER CIRCLE UNION POINT, GA 306692205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OCONEE COUNTY HISTORICAL SOCIETY IN PO BOX 1514 WATKINSVILLE, GA 306770030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF NORTHWEST GEORGIA PO BOX 3946 DALTON, GA 307190946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NORTHWEST GEORGIA PO BOX 3946 DALTON, GA 307190946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF NORTHWEST GEORGIA PO BOX 3946 DALTON, GA 307190946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2477 DALTON, GA 307222477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOUD SPRINGS ELEMENTARY PTO 163 FERNWOOD DR ROSSVILLE, GA 307413481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
FAIRYLAND ELEMENTARY SCHOOL PARENT 1306 LULA LAKE RD LOOKOUT MTN, GA 307502712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAIRYLAND ELEMENTARY SCHOOL PARENT 1306 LULA LAKE RD LOOKOUT MTN, GA 307502712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANT CHOICES 4325 WASHINGTON ROAD EVANS, GA 308093966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PARALYZED VETERANS OF AMERICA 4010 DEANS BRIDGE RD HEPHZIBAH, GA 308155616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUGUSTA MUSEUM OF HISTORY INC 560 REYNOLDS ST AUGUSTA, GA 309011430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAINE COLLEGE1235 15TH ST AUGUSTA, GA 309013105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE COMMUNITY FOUNDATION FOR THE CS 720 ST SEBASTIAN WAY AUGUSTA, GA 309015200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF AUGUSTA R PO BOX 1604 AUGUSTA, GA 309031604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
CHRIST COMMUNITY HEALTH SERVICESAUG PO BOX 2344 AUGUSTA, GA 309032344	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
IMPERIAL COMMUNITY THEATRE INC PO BOX 31126 AUGUSTA, GA 309032926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE CENTRAL S 206 MILLEDGE ROAD AUGUSTA, GA 309043568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AUGUSTA TRAINING SHOP FOR THE HANDI 1704 JENKINS STREET AUGUSTA, GA 309043736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS EAST GEORGIA INC 1500 WRIGHTSBORO RD AUGUSTA, GA 309044079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISE LAND COMMUNITY DEVELOPMENT 2409 AMSTERDAM DRIVE AUGUSTA, GA 309064004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY Y YOUNG MENS CHRISTIAN ASSOC 3570 WHEELER RD AUGUSTA, GA 309091893	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF AUGUSTA GEORGIA IN 375 HIGHLAND AVE AUGUSTA, GA 309093768	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS WARRIOR PARTNERSHIP INC 1190 INTERSTATE PARKWAY AUGUSTA, GA 309096404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BOY SCOUTS OF AMERICA 4132 MADELINE DR AUGUSTA, GA 309099114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,370
TURN BACK THE BLOCK INC PO BOX 3366 AUGUSTA, GA 309143366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA COLLEGE & STATE UNIVERSITY CAMPUS BOX 096 MILLEDGEVILLE, GA 310610490	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GEORGIA COLLEGE & STATE UNIVERSITY CAMPUS BOX 096 MILLEDGEVILLE, GA 310610490	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA COLLEGE & STATE UNIVERSITY CAMPUS BOX 096 MILLEDGEVILLE, GA 310610490	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA MILITARY COLLEGE FOUNDATION 210 E GREENE STREET MILLEDGEVILLE, GA 310613422	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	990
METRO ATLANTA FORENSICS CLUB INC 347 STARLING DR MONTICELLO, GA 310649227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	268
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 7506 WARNER ROBINS, GA 310957506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION CYCLING ATLANTA INC PO BOX 8363 ATLANTA, GA 311060363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ACTION CYCLING ATLANTA INC PO BOX 8363 ATLANTA, GA 311060363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SPRINGDALE PARK ELEMENTARY SCHOOL P PO BOX 8246 ATLANTA, GA 311068246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC SPEAKERS BUREAU OF ATLANTAI PO BOX 723426 ATLANTA, GA 311390426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
COMMUNITY FOUNDATION OF CENTRAL GEO 577 MULBERRY ST STE 1600 MACON, GA 312018210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MACON ARTS ALLIANCE INC PO BOX 972 MACON, GA 312020972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA OF HOPE OUTREACH MINISTRY INC PO BOX 2687 MACON, GA 312032687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
MANNA OF HOPE OUTREACH MINISTRY INC PO BOX 2687 MACON, GA 312032687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
REBUILDING MACON INC 3864 LAKE STREET MACON, GA 312042230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 690 HOLT AVE MACON, GA 312043630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HISTORIC MACON FOUNDATION INC PO BOX 13358 MACON, GA 312083358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISTORIC MACON FOUNDATION INC PO BOX 13358 MACON, GA 312083358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLE GEORGIA YOUTH BALLET PO BOX 13869 MACON, GA 312083869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALL ABOUT ANIMALS RESCUE INC PO BOX 4331 MACON, GA 312084331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALL ABOUT ANIMALS RESCUE INC PO BOX 4331 MACON, GA 312084331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTCRACKER OF MIDDLE GEORGIA INC PO BOX 5334 MACON, GA 312085334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
NUTCRACKER OF MIDDLE GEORGIA INC PO BOX 5334 MACON, GA 312085334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS OF MIDDLE GEORGIA I PO BOX 6333 MACON, GA 312086333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,170
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,710
MUSEUM OF ARTS & SCIENCES INC 4182 FORSYTH ROAD MACON, GA 312104806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MUSEUM OF ARTS & SCIENCES INC 4182 FORSYTH ROAD MACON, GA 312104806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT CARE SERVICES INC 3950 RIDGE AVE MACON, GA 312105002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COVENANT CARE SERVICES INC 3950 RIDGE AVE MACON, GA 312105002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GEORGIA BEHAVIORAL HEALTH SERVICES 175 EMERY HIGHWAY MACON GA 31217 MACON, GA 312173692	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA BEHAVIORAL HEALTH SERVICES 175 EMERY HIGHWAY MACON GA 31217 MACON, GA 312173692	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4335 CONFEDERATE WAY MACON, GA 312174719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 4335 CONFEDERATE WAY MACON, GA 312174719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRATFORD ACADEMY6010 PEAKE RD MACON, GA 312203938	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
STRATFORD ACADEMY6010 PEAKE RD MACON, GA 312203938	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MCINTOSH ART ASSOCIATION INC PO BOX 2103 DARIEN, GA 313052103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELFAIR MUSEUM OF ART INC 121 BARNARD ST SAVANNAH, GA 314013612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
NATIONAL SOCIETY OF THE COLONIAL DA 329 ABERCORN ST SAVANNAH, GA 314014634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
STEP UP SAVANNAH INC 428 BULL STREET SUITE 208 SAVANNAH, GA 314014963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 E HENRY ST SAVANNAH, GA 314016927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
PARK PLACE OUTREACH INC 514 E HENRY ST SAVANNAH, GA 314016927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
PARK PLACE OUTREACH INC 514 E HENRY ST SAVANNAH, GA 314016927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 E HENRY ST SAVANNAH, GA 314016927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BLESSED SACRAMENT SCHOOL 1003 E VICTORY DRIVE SAVANNAH, GA 314052425	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
ROYCE LEARNING CENTER 4 OGLETHORPE PROFESSIONAL BLVD SAVANNAH, GA 314060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	953
THE HUMANE SOCIETY FOR GREATER SAVA 7215 SALLIE MOOD DR SAVANNAH, GA 314063922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE SAVANNAH INCPO BOX 13190 SAVANNAH, GA 314160190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVANNAH FRIENDS OF MUSIC INC PO BOX 15873 SAVANNAH, GA 314162573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HEADS-UP GUIDANCE SERVICES INC PO BOX 16026 SAVANNAH, GA 314162726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EXCHANGE CLUB CENTER FOR PREVENTION PO BOX 16585 SAVANNAH, GA 314163285	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMSTRONG STATE UNIVERSITY FOUNDATI 11935 ABERCORN ST SAVANNAH, GA 314191909	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
SAVANNAH COUNTRY DAY SCHOOL INC 824 STILLWOOD DR SAVANNAH, GA 314192643	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
NEW BIRTH CHRISTIAN CENTER INC PO BOX 60038 SAVANNAH, GA 314200038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE SHELTER CENTER FOR DOMESTIC VI PO BOX 61119 SAVANNAH, GA 314201119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 296 BRUNSWICK, GA 315210296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES OF COASTAL GEORGIA FOUN 1626 FREDERICA RD STE 201 ST SIMONS IS, GA 315222526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES OF COASTAL GEORGIA FOUN 1626 FREDERICA RD STE 201 ST SIMONS IS, GA 315222526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COASTAL GEORGIA HONOR FLIGHT PO BOX 20466 ST SIMONS IS, GA 315227766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 315256901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2010 CYPRESS ST VALDOSTA, GA 316015010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALBANY STATE UNIVERSITY FOUNDATION 504 COLLEGE DR ALBANY, GA 317052717	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
PEDALING FOR KIDS OF GEORGIA INC PO BOX 1776 FORTSON, GA 318081776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDALING FOR KIDS OF GEORGIA INC PO BOX 1776 FORTSON, GA 318081776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 318302074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 318302074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	507
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS ALLIANCE FOR REGIONAL INVE 1200 6TH AVE COLUMBUS, GA 319012613	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
VALLEY INTERFAITH PROMISE INC PO BOX 1141 COLUMBUS, GA 319021141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLUMBUS PHILHARMONIC GUILD INC PO BOX 1499 COLUMBUS, GA 319021499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERCENTER INCPO BOX 2425 COLUMBUS, GA 319022425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 1959 HAMILTON RD COLUMBUS, GA 319048924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLUMBUS STATE UNIVERSITY FOUNDATIO 4225 UNIVERSITY AVE COLUMBUS, GA 319070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS STATE UNIVERSITY FOUNDATIO 4225 UNIVERSITY AVE COLUMBUS, GA 319070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE COLUMBUS BOTANICAL GARDENS INC 3603 WEEMS RD COLUMBUS, GA 319093701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PEDALING FOR KIDS OF GEORGIA INC PO BOX 4829 COLUMBUS, GA 319140829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LIBRARY-PONTE VEDRA PO BOX 744 POINTE VEDRA BEACH, FL 320040744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE LIBRARY-PONTE VEDRA PO BOX 744 POINTE VEDRA BEACH, FL 320040744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SWAMP HAVEN RESCUE INC 5349 CYPRESS LINKS BLVD ELKTON, FL 320334012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U S CONSTITUTION SCHOLARSHIP FOUNDA 1417 SADLER RD FERNANDINA, FL 320340301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA BEACH, FL 320342991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS OF NASSAU CO 516 S 10TH ST FERNANDINA BEACH, FL 320343511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARATHON HIGH 2610 COUNTESS OF EGMONT ST FERNANDINA, FL 320344854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMELIA ISLAND CHARITY GROUP INC PO BOX 15698 FERNANDINA, FL 320353112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
CATS ANGELS INC SPCAPO BOX 16072 FERNANDINA, FL 320353118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K AND C PET RESCUE AND ADOPTION SOC PO BOX 399 GLEN ST MARY, FL 320400399	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 320401914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 320401914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF DEERWOOD CHARITIES I PO BOX 26 MIDDLEBURG, FL 320500026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OAKLEAF SPORTS ASSOCIATION INC 3979 PLANTATION OAKS BLVD ORANGE PARK, FL 320653644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE STORM SOFTBALL ASSOCIA 951 MISTY MAPLE CT ORANGE PARK, FL 320655207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUIGLEY HOUSE INC PO BOX 142 ORANGE PARK, FL 320670142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
QUIGLEY HOUSE INC PO BOX 142 ORANGE PARK, FL 320670142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CLAY COUNTY HABITAT FOR HUMANITY IN PO BOX 240 ORANGE PARK, FL 320670240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAY COUNTY HABITAT FOR HUMANITY IN PO BOX 240 ORANGE PARK, FL 320670240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MIDDLEBURG HIGH SCHOOL 3750 COUNTY ROAD 220 MIDDLEBURG, FL 320683833	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ANNUNCIATION CATHOLIC SCHOOL 1610 BLANDING BLVD MIDDLEBURG, FL 320684092	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ST AUGUSTINE AMPHITH PO BOX 840179 ST AUGUSTINE, FL 320800179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF THE ST AUGUSTINE AMPHITH PO BOX 840179 ST AUGUSTINE, FL 320800179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAFE PET RESCUE INCPO BOX 840215 ST AUGUSTINE, FL 320800215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE PET RESCUE INCPO BOX 840215 ST AUGUSTINE, FL 320800215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST AUGUSTINE LIGHTHOUSE & MARITIME 81 LIGHTHOUSE AVE ST AUGUSTINE, FL 320804650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALLEN D NEASE SENIOR HIGH SCHOOL 10550 RAY ROAD PONTE VEDRA, FL 320818800	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY RIDGE ACADEMY PTO INC 105 GREENLEAF DRIVE PONTE VEDRA, FL 320810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
VALLEY RIDGE ACADEMY PTO INC 105 GREENLEAF DRIVE PONTE VEDRA, FL 320810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VALLEY RIDGE ACADEMY PTO INC 105 GREENLEAF DRIVE PONTE VEDRA, FL 320810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA, FL 320823046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OCEAN PALMS ELEMENTARY SCHOOL PAREN 355 LANDRUM LN PONTE VEDRA, FL 320823828	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KATZ 4 KEEPS INC 3101 SAWGRASS VILLAGE CIR PONTE VEDRA, FL 320825032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATZ 4 KEEPS INC 3101 SAWGRASS VILLAGE CIR PONTE VEDRA, FL 320825032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE LIONS FOUNDATION INC 235 SR 207 UNIT 3B BOX 6 SAINT AUGUSTINE, FL 320840187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST AUGUSTINE SOCIETY INC 1375 ARAPAHO AVE ST AUGUSTINE, FL 320844921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF ST JOHNS COUNTY PET CENT PO BOX 7 ST AUGUSTINE, FL 320850007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ST JOHNS COUNTY PET CENT PO BOX 7 ST AUGUSTINE, FL 320850007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF ST JOHNS COUNTY PET CENT PO BOX 7 ST AUGUSTINE, FL 320850007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FLAGLER COLLEGE INCPO BOX 1027 ST AUGUSTINE, FL 320851027	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAGLER COLLEGE INCPO BOX 1027 ST AUGUSTINE, FL 320851027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FLAGLER COLLEGE INCPO BOX 1027 ST AUGUSTINE, FL 320851027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
FLAGLER COLLEGE INCPO BOX 1027 ST AUGUSTINE, FL 320851027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE YOUTH SERVICES INC 201 SIMONE WAY ST AUGUSTINE, FL 320867750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORLD GOLF FOUNDATION INC 1 WORLD GOLF PL ST AUGUSTINE, FL 320922724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FLAGLER COUNTY HISTORICAL SOCIETY I PO BOX 87 BUNNELL, FL 321100000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 321173518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 321173518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MID-FLORIDA HOUSING PARTNERSHIP INC 1834 MASON AVENUE DAYTONA BEACH, FL 321175101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-FLORIDA HOUSING PARTNERSHIP INC 1834 MASON AVENUE DAYTONA BEACH, FL 321175101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
FOOD BRINGS HOPE INC 2379 BEVILLE RD DAYTONA BEACH, FL 321198720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BRINGS HOPE INC 2379 BEVILLE RD DAYTONA BEACH, FL 321198720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTONA STATE COLLEGE FOUNDATION IN PO BOX 2811 DAYTONA BEACH, FL 321202811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FLAGLER BEACH HISTORICAL MUSEUM INC PO BOX 2136 FLAGLER BEACH, FL 321362136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 900 MAIN ST STE 210 THE VILLAGES, FL 321597726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOPHIES CIRCLE INC1228 WAYNE AVE NEW SMYRNA, FL 321686157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TEMPLE BETH-EL PRESCHOOL 579 N NOVA ROAD ORMOND BEACH, FL 321744445	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF VOLUSIA & FLAG 470 ANDALUSIA AVENUE ORMOND BEACH, FL 321740000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
ORMOND BEACH LIONS CLUB FOUNDATION 7 DARTMOUTH TRCE ORMOND BEACH, FL 321742473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GREAT KIDS EXPLORER CLUB INC PO BOX 1781 ORMOND BEACH, FL 321752615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2433 PALATKA, FL 321782433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GREYHOUND ADOPTIONS OF FLORIDA INC PO BOX 955 SPARR, FL 321920955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,155
HUBBARD HOUSE FOUNDATION INC PO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HER SONG JACKSONVILLE INC 25 N MARKET ST SUITE 227 JACKSONVILLE, FL 322022802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,000
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES134 E CHURCH ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
CATHOLIC CHARITIES BUREAU INC 134 E CHURCH ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES BUREAU INC 134 E CHURCH ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	35
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE SPEECH AND HEARING CEN 40 E ADAMS ST SUITE LL20 JACKSONVILLE, FL 322023353	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	303
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH STREET JACKSONVILLE, FL 322023366	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FLORIDA STATE COLLEGE AT JACKSONVIL 501 W STATE ST STE 104 JACKSONVILLE, FL 322024030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FLORIDA STATE COLLEGE AT JACKSONVIL 501 W STATE ST STE 104 JACKSONVILLE, FL 322024084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BLACK NURSES ASSOCIAION IN PO BOX 40575 JACKSONVILLE, FL 322030575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEMORIAL PARK ASSOCIATION INC 1650-302 MARGARET STREET 322 JACKSONVILLE, FL 322040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 322042534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,035
FRIENDS OF JACKSONVILLE ANIMALS INC 2020 FOREST ST JACKSONVILLE, FL 322042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF JACKSONVILLE ANIMALS INC 2020 FOREST ST JACKSONVILLE, FL 322042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF JACKSONVILLE ANIMALS INC 2020 FOREST ST JACKSONVILLE, FL 322042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DOWN SYNDROME ASSOCIATION OF JACKSO 630 MAY ST JACKSONVILLE, FL 322042921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF JACKSO 630 MAY ST JACKSONVILLE, FL 322042921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DOWN SYNDROME ASSOCIATION OF JACKSO 630 MAY ST JACKSONVILLE, FL 322042921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DOWN SYNDROME ASSOCIATION OF JACKSO 630 MAY ST JACKSONVILLE, FL 322042921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE PRESBYTERIAN DAY SCHOOL I 830 OAK ST JACKSONVILLE, FL 322043317	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
RIVERSIDE PRESBYTERIAN DAY SCHOOL I 830 OAK ST JACKSONVILLE, FL 322043317	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR LEAGUE OF JACKSONVILLE INC 2165 PARK STREET ATTENTION ANITA SANFORD JACKSONVILLE, FL 322043811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERCHURCH COALITION FOR ACTION RE 2650 PARK ST JACKSONVILLE, FL 322044520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PRESBYTERIAN SOCIAL MINISTRIES INC 4115 POST STREET JACKSONVILLE, FL 322053346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
I STILL MATTER1841 DANCY ST APT 2 JACKSONVILLE, FL 322059437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANCTUARY OF THE NORTHEAST FLOR PO BOX 3301 JACKSONVILLE, FL 322060301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
THE SANCTUARY OF THE NORTHEAST FLOR PO BOX 3301 JACKSONVILLE, FL 322060301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JACKSONVILLE SPEECH AND HEARING CEN 1128 N LAURA ST JACKSONVILLE, FL 322064912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUARDIAN CATHOLIC SCHOOL 4920 BRENTWOOD AVE JACKSONVILLE, FL 322066156	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
GUARDIAN CATHOLIC SCHOOL 4920 BRENTWOOD AVE JACKSONVILLE, FL 322066156	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS ANIMAL HOSPITAL INC 2727 ATLANTIC BLVD JACKSONVILLE, FL 322073325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ST FRANCIS ANIMAL HOSPITAL INC 2727 ATLANTIC BLVD JACKSONVILLE, FL 322073325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BLVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DON THOMPSON CHORALE INC 3119 BEACH BLVD JACKSONVILLE, FL 322073709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE HAVEN ASSOCIATION INC 4600 BEACH BLVD JACKSONVILLE, FL 322074764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF HENDRICKS INC 3400 HENDRICKS AVE JACKSONVILLE, FL 322075308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE CASTLE INC 4911 SPRING PARK RD JACKSONVILLE, FL 322077456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PINE CASTLE INC 4911 SPRING PARK RD JACKSONVILLE, FL 322077456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMELIA ISLAND CONCOURS DELEGANCE FO 3016 MERCURY RD S JACKSONVILLE, FL 322077976	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLFSON CHILDRENS HOSPITAL OF JACKS 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 322078372	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
ANTHONY J STINSON JR ASSOCIATION FO 7517 WAKEFIELD AVE JACKSONVILLE, FL 322084257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANTHONY J STINSON JR ASSOCIATION FO 7517 WAKEFIELD AVE JACKSONVILLE, FL 322084257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH IN MOTION INC 1412 GOLFAIR BLVD JACKSONVILLE, FL 322093200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE ARC JACKSONVILLE INC 1050 NORTH DAVIS STREET JACKSONVILLE, FL 322096808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
URBAN JACKSONVILLE INC 4250 LAKESIDE DR STE 116 JACKSONVILLE, FL 322103370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARKS EPISCOPAL DAY SCHOOL OF JA 4114 OXFORD AVE JACKSONVILLE, FL 322104426	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST MARKS EPISCOPAL DAY SCHOOL OF JA 4114 OXFORD AVE JACKSONVILLE, FL 322104426	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF STOCKTON INC 4827 CARLISLE RD JACKSONVILLE, FL 322108164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,850
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERICHO SCHOOL FOR CHILDREN WITH AU 1351 SPRINKLE DR JACKSONVILLE, FL 322115448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JERICHO SCHOOL FOR CHILDREN WITH AU 1351 SPRINKLE DR JACKSONVILLE, FL 322115448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TREE HILL INC7152 LONE STAR RD JACKSONVILLE, FL 322115836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING ATHLETIC ASSOCIATIO 742 ARLINGTON RD N JACKSONVILLE, FL 322117306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK RD JACKSONVILLE, FL 322118205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 108 JACKSONVILLE, FL 322120108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ATLANTIC INSTITUTE OF JACKSONVILLE 2032 SOUTHSIDE BLVD JACKSONVILLE, FL 322161944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	860
DANIEL FOUNDATION INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 322166164	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 322166220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 322166220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 322166220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,625
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,140
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	829
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	733
OCEANWAY ELEMENTARY SCHOOL 12555 GILLESPIE AVE JACKSONVILLE, FL 322183813	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
OUR REDEEMER LUTHERAN CHURCH 5401 DUNN AVE JACKSONVILLE, FL 322184329	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE CHRISTIAN SERVICE CENTER 3057 DUNN AVE JACKSONVILLE, FL 322184584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST PATRICKS CATHOLIC CHURCH 601 AIRPORT CENTER DRIVE EAST JACKSONVILLE, FL 322187269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CECIL FIELD POW-MIA MEMORIAL INC PO BOX 440625 JACKSONVILLE, FL 322220007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTORING FAMILIES AND KIDS INC 11671 LADY CLARE CT JACKSONVILLE, FL 322231603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA FLORIDA CONGRESS 3900 LORETTO ROAD JACKSONVILLE, FL 322232047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
HOPEWELL BAPTIST CHURCH 3990 LORETTO RD JACKSONVILLE, FL 322232055	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWELL BAPTIST CHURCH 3990 LORETTO RD JACKSONVILLE, FL 322232055	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST WOMENS SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 322237230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT RD JACKSONVILLE, FL 322261760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT RD JACKSONVILLE, FL 322261760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	590
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT RD JACKSONVILLE, FL 322261760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT RD JACKSONVILLE, FL 322261760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPITOME OF EXCELLENCE INC PO BOX 28163 JACKSONVILLE, FL 322268163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
HABITAT FOR HUMANITY INTERNATIONAL 797 MAYPORT RD ATLANTIC BEACH, FL 322334309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FORT CAROLINE ATHLETIC ASSOCIATION PO BOX 351135 JACKSONVILLE, FL 322351135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT CAROLINE ATHLETIC ASSOCIATION PO BOX 351135 JACKSONVILLE, FL 322351135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322360000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322360000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT MISS A BEAT INCPO BOX 6697 JACKSONVILLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE JERICHO SCHOOL FOR CHILDREN WIT PO BOX 11057 JACKSONVILLE, FL 322391057	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	596
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	596
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MSA OF JACKSONVILLE INC PO BOX 57301 JACKSONVILLE, FL 322417301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARGYLE ATHLETIC ASSOC INC 6001-21 ARGYLE FOREST BLVD 367 JACKSONVILLE, FL 322446127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARGYLE ATHLETIC ASSOC INC 6001-21 ARGYLE FOREST BLVD 367 JACKSONVILLE, FL 322446127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KERNAN TRAIL ELEMENTARY SCHOOL 2281 KERNAN BLVD S JACKSONVILLE, FL 322461186	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
BLESSED TRINITY CATHOLIC CHURCH 10472 BEACH BLVD JACKSONVILLE, FL 322463651	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
ISLAMIC CENTER OF NORTH EAST FLORID 2333 ST JOHNS BLUFF ROAD S JACKSONVILLE, FL 322462308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF NORTH EAST FLORID 2333 ST JOHNS BLUFF ROAD S JACKSONVILLE, FL 322462308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CHRISTMAS PARTY OF JACKSO PO BOX 5338 JACKSONVILLE, FL 322475338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JACKSONVILLE BEACH ELEMENTARY SCHOO 315 10TH ST S JACKSONVILLE BEACH, FL 322503334	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE BEACH ELEMENTARY SCHOO 315 10TH ST S JACKSONVILLE BEACH, FL 322503334	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE BEACH ELEMENTARY SCHOO 315 10TH ST S JACKSONVILLE BEACH, FL 322503334	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BEACHES EPISCOPAL SCHOOL 450 11TH AVENUE N JACKSONVILLE BEACH, FL 322504773	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDING INTO HISTORY INC 14286-19 BEACH BLVD 195 JACKSONVILLE, FL 322500000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OMS YOGA INC 1227 WILLOW OAKS DR W JAX BCH, FL 322502640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OMS YOGA INC 1227 WILLOW OAKS DR W JAX BCH, FL 322502640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITSTOP PIT BULL RESCUE TRANSPORT I 1870 ARDEN WAY JAX BCH, FL 322502904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
PITSTOP PIT BULL RESCUE TRANSPORT I 1870 ARDEN WAY JAX BCH, FL 322502904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PITSTOP PIT BULL RESCUE TRANSPORT I 1870 ARDEN WAY JAX BCH, FL 322502904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS OF PARENTS AND 315 10TH ST S JACKSONVILLE, FL 322503334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
DECK THE CHAIRS INC 3948 3RD STREET SOUTH 372 JACKSONVILLE BEACH, FL 322505847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEACHES COUNCIL ON AGING INC 281 19TH AVE S JACKSONVILLE BEACH, FL 322506126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	321
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	590
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FIRST COAST COMMUNITY MUSIC SCHOOL 9802-12 BAYMEADOWS RD 121 JACKSONVILLE, FL 322560000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8940 WESTERN WAY SUITE 16 JACKSONVILLE, FL 322560336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8940 WESTERN WAY SUITE 16 JACKSONVILLE, FL 322560336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8940 WESTERN WAY SUITE 16 JACKSONVILLE, FL 322560336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8940 WESTERN WAY SUITE 16 JACKSONVILLE, FL 322560336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,830
BIBLIOPHILES OF AMERICA BOOKS -A-GO 10076 HEATHER LAKE CT W JACKSONVILLE, FL 322563594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIBLIOPHILES OF AMERICA BOOKS -A-GO 10076 HEATHER LAKE CT W JACKSONVILLE, FL 322563594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 11250-15 OLD ST AUGUSTINE BOX 185 JACKSONVILLE, FL 322570000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANAS ANGELS INC4525 HOOD RD JACKSONVILLE, FL 322571109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ANAS ANGELS INC4525 HOOD RD JACKSONVILLE, FL 322571109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 10600 HORNETS NEST RD JACKSONVILLE, FL 322571210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
YOUR HELPING HAND 9957 MOORINGS DR STE 203 JACKSONVILLE, FL 322572414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 ST AUGUSTNE RD JACKSONVILLE, FL 322576419	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 ST AUGUSTNE RD JACKSONVILLE, FL 322576419	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 ST AUGUSTNE RD JACKSONVILLE, FL 322576419	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 ST AUGUSTNE RD JACKSONVILLE, FL 322576419	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 ST AUGUSTNE RD JACKSONVILLE, FL 322576419	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	900
GREENLAND PINES ELEMENTARY SCHOOL 5050 GREENLAND ROAD JACKSONVILLE, FL 322581522	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER GARDEN FOUNDATION INC 11401 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 322580000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
RIVER GARDEN HEBREW HOME FOR THE AG 11401 OLD SAINT AUGUSTINE RD JACKSONVILLE, FL 322581402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SRI SHIRDI SAI SOCIETY OF NORTH EAS 5180 GREENLAND RD JACKSONVILLE, FL 322581524	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR PRESERVATION & ENCRGMNT 5358 WINROSE FALLS DR JACKSONVILLE, FL 322582572	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EMBROIDERERS GUILD OF AMERICA INC 14633 SWANSEA CT JACKSONVILLE, FL 322584446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HICKORY CREEK ELEMENTARY SCHOOL 235 HICKORY CREEK TRAIL ST JOHNS, FL 322598338	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR URBAN AND RURAL EDUCATIO 108 STAPLEHURST DR SAINT JOHNS, FL 322593271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,069
CREEKS ATHLETIC ASSOCIATION INC 1721 RACE TRACK ROAD FRUIT COVE, FL 322593838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CREEKS ATHLETIC ASSOCIATION INC 1721 RACE TRACK ROAD FRUIT COVE, FL 322593838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JULINGTON CREEK ELEMENTARY PTO 2316 RACE TRACK RD SAINT JOHNS, FL 322594227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CUNNINGHAM CREEK ELEMENTARY PARENT 1205 ROBERTS RD FRUIT COVE, FL 322598927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREEKSIDE HIGH SCHOOL BAND BOOSTERS PO BOX 600783 JACKSONVILLE, FL 322600783	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
DUNCAN U FLETCHER HIGH SCHOOL BANDB 700 SEAGATE AVE NEPTUNE BEACH, FL 322663505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FIRST COAST WIND SYMPHONY INC 3842 MUSKET TRL JACKSONVILLE, FL 322772244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OASIS CENTER FOR WOMEN & GIRLS 317 E CALL ST TALLAHASSEE, FL 323017609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FISH & WILDLIFE FOUNDATION OF FLORI PO BOX 11010 TALLAHASSEE, FL 323023010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FISH & WILDLIFE FOUNDATION OF FLORI PO BOX 11010 TALLAHASSEE, FL 323023010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 323033119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BEND YOUTH FOOTBALL ASSOCIATION 2406 TALCO HILLS DR TALLAHASSEE, FL 323033457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE TALLAHASSEE BALLET INC 1940 N MONROE ST STE 78 TALLAHASSEE, FL 323034759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE CHARITIES OF 712 E 7TH AVE TALLAHASSEE, FL 323035702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUTHERAN SOCIAL SERVICES OF NORTH F 606 W 4TH AVE STE 11 TALLAHASSEE, FL 323036077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDER CARE SERVICES INC 2518 W TENNESSEE ST TALLAHASSEE, FL 323042506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ELDER CARE SERVICES INC 2518 W TENNESSEE ST TALLAHASSEE, FL 323042506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
TALLAHASSEE COMMUNITY COLLEGE FOUND 444 APPLEYARD DR TALLAHASSEE, FL 323042815	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLAHASSEE COMMUNITY COLLEGE FOUND 444 APPLEYARD DR TALLAHASSEE, FL 323042815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
FLORIDA STATE UNIVERSITY A2201 UNIVERSITY CENTER TALLAHASSEE, FL 323060000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ECAH ANIMALS INCORPORATED 2040 OWENBY DR TALLAHASSEE, FL 323084338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA AGRICULTURAL AND MECHANICAL 625 E TENNESSEE STREET SUITE 100 TALLAHASSEE, FL 323084933	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
FLORIDA AGRICULTURAL & MECHANICAL U 625 E TENNESSEE ST SUITE 100 TALLAHASSEE, FL 323084933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VOICES OF CHANCE ANIMAL LEAGUE 17500 MAHAN DR TALLAHASSEE, FL 323099565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 323108740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 323108740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEER FLORIDA FOUNDATION INC 3800 ESPLANADE WAY STE 180 TALLAHASSEE, FL 323116103	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALFRED B MACLAY JR DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE, FL 323121110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ALFRED B MACLAY JR DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE, FL 323121110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ALFRED B MACLAY JR DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE, FL 323121110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF THE BIG BEND IN 2796 PALAFOX LN TALLAHASSEE, FL 323121777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JOANNA FRANCIS LIVING WELL 1393 FERZON WAY TALLAHASSEE, FL 323129006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FLORIDA GREENWAYS AND TRAILS FOUNDA PO BOX 4142 TALLAHASSEE, FL 323154142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOXER AID & RESCUE COALITION INC PO BOX 12963 TALLAHASSEE, FL 323172963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEON HIGH SCHOOL FOUNDATION INC PO BOX 15963 TALLAHASSEE, FL 323175963	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
LEON HIGH SCHOOL FOUNDATION INC PO BOX 15963 TALLAHASSEE, FL 323175963	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAWFORDVILLE ELEMENTARY SCHOOL 379 ARRAN RD CRAWFORDVILLE, FL 323271914	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BIG BEND FRONT PORCH MINISTRIES INC PO BOX 183 HAVANA, FL 323330183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUWANNEE VALLEY HUMANE SOCIETY 1156 SE BISBEE LOOP MADISON, FL 323405978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAQUA ANIMAL REFUGE INC 959 WHITFIELD RD FREEPORT, FL 324392448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
MIGHTYCAUSE CHARITABLE FOUNDATION PO BOX 160 MARIANNA, FL 324470160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
FOOD FOR THOUGHT OUTREACH INC 174 WATERCOLOR WAY STE 103 286 SANTA ROSA BEACH, FL 324598314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,480
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOC 165 E INTENDENCIA ST PENSACOLA, FL 325025805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PENSACOLA OPERA INC 75 S TARRAGONA ST PENSACOLA, FL 325026028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
PENSACOLA OPERA INC 75 S TARRAGONA ST PENSACOLA, FL 325026028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
RONALD MCDONALD HOUSE CHARITIES OF 5200 BAYOU BLVD PENSACOLA, FL 325032155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUN 30 EAST TEXAR DRIVE PENSACOLA, FL 325032902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 1028 UNDERWOOD AVE PENSACOLA, FL 325048939	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PACE CENTER FOR GIRLS INC 1028 UNDERWOOD AVE PENSACOLA, FL 325048939	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 325048910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 325048910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 325048910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
SACRED HEART FOUNDATION PO BOX 2700 PENSACOLA, FL 325132700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART FOUNDATION PO BOX 2700 PENSACOLA, FL 325132700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
UNITED MINISTRIES INCPO BOX 9255 PENSACOLA, FL 325139255	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 9440 UNIVERSITY PKWY PENSACOLA, FL 325145709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WEST FLORIDA FOUNDATI 11000 UNIVERSITY PKWY BUILDING 12 PENSACOLA, FL 325145732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF WEST FLORIDA FOUNDATI 11000 UNIVERSITY PKWY BUILDING 12 PENSACOLA, FL 325145732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BAPTIST HEALTH CARE FOUNDATION INC PO BOX 17500 PENSACOLA, FL 325227500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH CARE FOUNDATION INC PO BOX 17500 PENSACOLA, FL 325227500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS AND GIRLS CLUBS OF THE EMERALD 923 DENTON BLVD NW FT WALTON BCH, FL 325471603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OKALOOSA PUBLIC SCHOOLS FOUNDATION 120 LOWERY PLACE SE FORT WALTON BEACH, FL 325485595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 OF NORTHWEST FLORIDA INC PO BOX 4266 FT WALTON BCH, FL 325494266	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DESTIN WOMENS CLUB INCORPORATED PO BOX 9267 MIRAMAR BEACH, FL 325501023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAYSIDE SOCCER CLUB INC PO BOX 363 GULF BREEZE, FL 325620363	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NWFMOA SCHOLARSHIP FUND INC 56 11TH ST SHALIMAR, FL 325791540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PENSACOLA AREA CHAMBER FOUNDATION I PO BOX 550 PENSACOLA, FL 325910550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
WATERFRONT RESCUE MISSION INC PO BOX 870 PENSACOLA, FL 325910870	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 325911406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 325911406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 325911406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 325911406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 325911406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GREATER PENSACOLA SYMPHONY ORCHESTR PO BOX 1752 PENSACOLA, FL 325911752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PENSACOLA SYMPHONY ORCHESTR PO BOX 1752 PENSACOLA, FL 325911752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GREATER PENSACOLA SYMPHONY ORCHESTR PO BOX 1752 PENSACOLA, FL 325911752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BLUE ANGELS FOUNDATION INC PO BOX 1945 PENSACOLA, FL 325911945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 PENSACOLA BAY AREA INC PO BOX 13304 PENSACOLA, FL 325913304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
JAMES JUDKINS FOUNDATION INC 201 SE 2ND AVE STE 201 GAINESVILLE, FL 326015808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,325
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,293
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOEYS WINGS FOUNDATION 2178 NW 101ST ST GAINESVILLE, FL 326064030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HAILES ANGELS PET RESCUE INC 5231 SW 91ST DR GAINESVILLE, FL 326083001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
REBUILDING TOGETHER NORTH CENTRAL F 4550 SW 41ST BLVD STE 2 GAINESVILLE, FL 326084255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAINESVILLE HIGH SCHOOL 1900 NW 13TH ST GAINESVILLE, FL 326093411	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
SEA TURTLE CONSERVANCY 4424 NW 13TH ST STE B-11 GAINESVILLE, FL 326091879	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 326113201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 326113201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 326113201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 326113201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 326113201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
RETIREMENT HOME FOR HORSES INC PO BOX 2100 ALACHUA, FL 326162100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RETIREMENT HOME FOR HORSES INC PO BOX 2100 ALACHUA, FL 326162100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAD OF THE MIGHTY FOOD BANK INC PO BOX 5086 GAINESVILLE, FL 326275086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUB OF ALACHUA COUNTY PO BOX 358452 GAINESVILLE, FL 326358452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF ALACHUA COUNTY PO BOX 358452 GAINESVILLE, FL 326358452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTRUSA HOUSE OF GAINESVILLE FLORID PO BOX 358765 GAINESVILLE, FL 326358765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALACHUA CONSERVATION TRUST INCORPOR 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 326411608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
GAINESVILLE HOUSING DEVELOPMENT & M 1900 SE 4TH STREET GAINESVILLE, FL 326418791	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEIRA GRACE FOUNDATION FOR CHILDREN 8486 NW 64TH LN GAINESVILLE, FL 326532987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KEIRA GRACE FOUNDATION FOR CHILDREN 8486 NW 64TH LN GAINESVILLE, FL 326532987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
OAK VIEW MIDDLE SCHOOL 1203 SW 250TH ST NEWBERRY, FL 326695238	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
10 CANPO BOX 1122 NEWBERRY, FL 326691122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRL STE 102 APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRL STE 102 APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HELP FOUNDATION INC 450 SEMINOLA BLVD CASSELBERRY, FL 327073054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHRISTIAN HELP FOUNDATION INC 450 SEMINOLA BLVD CASSELBERRY, FL 327073054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FLORIDA UNITED METHODIST CHILDRENS PO BOX 6299 DELTONA, FL 327286299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE OF MID-FLO PO BOX 1449 GOLDENROD, FL 327331449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR SEMINOLE STATE COLLE 1055 AAA DRIVE HEATHROW, FL 327465072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LONGWOOD FIRST BAPTIST CHURCH 891 STATE ROAD 434 EAST LONGWOOD, FL 327505394	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2701 MAITLND CTR PKWY STE 100 MAITLAND, FL 327517447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2701 MAITLND CTR PKWY STE 100 MAITLAND, FL 327517447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2701 MAITLND CTR PKWY STE 100 MAITLAND, FL 327517447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,775
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2701 MAITLND CTR PKWY STE 100 MAITLAND, FL 327517447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS CORRAL INC 955 FLORIDA AVE OVIEDO, FL 327659558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
RESCUE OUTREACH MISSION OF CENTRAL 1701 HISTORIC GOLDSBORO BLVD SANFORD, FL 327712790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 STE 1100 LONGWOOD, FL 327795008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 STE 1100 LONGWOOD, FL 327795008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF CHIEFS OF P 6350 HORIZON DR TITUSVILLE, FL 327808002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JESS PARRISH MEDICAL FOUNDATION INC PO BOX 2969 TITUSVILLE, FL 327812969	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALL SAINTS PRESCHOOL 338 E LYMAN AVENUE WINTER PARK, FL 327894415	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,550
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER ORLANDO I 1000 CLAY ST WINTER PARK, FL 327895437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FAMILY PROMISE OF GREATER ORLANDO I 1000 CLAY ST WINTER PARK, FL 327895437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WINTER PARK HISTORICAL ASSOCIATION PO BOX 51 WINTER PARK, FL 327900051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S O S SUPPORT OUR SCHOLARS INC PO BOX 1985 WINTER PARK, FL 327901985	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
EASTER SEALS FLORIDA INC 2010 CROSBY WAY WINTER PARK, FL 327924119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOME SOCIETY OF FLORIDA F 1375 S SEMRN BLVD STE 1345B WINTER PARK, FL 327925513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY PREPARATORY SCHOOL OF FLORI 5700 TRINITY PREP LN WINTER PARK, FL 327929414	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	530
PARTNERS 4 GLOBAL HEALTH PO BOX 4187 WINTER PARK, FL 327934187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF CENTRAL FLORI 101 E COLONIAL DR ORLANDO, FL 328011201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT ORLANDO INC2043 JACOBS PLACE ORLANDO, FL 328011900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WORLD AFFAIRS COUNCIL OF CENTRAL FL 420 S ORANGE AVE STE 500 ORLANDO, FL 328013399	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 328022987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 328022987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ORLANDO COMMUNITY & YOUTH TRUST INC 595 N PRIMROSE DR ORLANDO, FL 328035014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ONEPULSE FOUNDATION INC 1223 E CONCORD ST ORLANDO, FL 328035408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CITRUS COUNCIL INC 341 N MILLS AVE ORLANDO, FL 328035733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
THE MONARCH LEARNING ACADEMY INC 1914 EDGEWATER DR ORLANDO, FL 328045827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MONARCH LEARNING ACADEMY INC 1914 EDGEWATER DR ORLANDO, FL 328045827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
ORLANDO NEIGHBORHOOD IMPROVEMENT CO 101 S TERRY AVE ORLANDO, FL 328052254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ADULT LITERACY LEAGUE INC 345 W MICHIGAN STREET 100 ORLANDO, FL 328064465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT LITERACY LEAGUE INC 345 W MICHIGAN STREET 100 ORLANDO, FL 328064465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CCA FLORIDA FOUNDATION INC 4061 FORRESTAL AVE UNIT 8 ORLANDO, FL 328066151	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,200
ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD SUITE ORLANDO, FL 328068549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD CATHOLIC SCHOOL 5902 OLEANDER DRIVE ORLANDO, FL 328073433	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HABITAT AT FOR HUMANITY OF GREATER 4116 SILVER STAR RD ORLANDO, FL 328084636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	874
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROFESSIONAL OPPORTUNITIES PROGRAM 4401 VINELAND ROAD SUITE A-10 ORLANDO, FL 328117361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTSOFRELIEF INCPO BOX 149811 ORLANDO, FL 328148811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GODS GREYTS GREYHOUND GROUP INC 7259 HIAWASSEE OAK DR ORLANDO, FL 328188361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA RESEA 12201 RESEARCH PKWY STE 501 ORLANDO, FL 328263231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WATERFORD CAN 12537 WATERHAVEN CIR ORLANDO, FL 328288700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDGEWATER HIGH SCHOOL FOUNDATIO PO BOX 540226 ORLANDO, FL 328540226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PILOTS FOR KIDS INCPO BOX 620052 ORLANDO, FL 328620052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PILOTS FOR KIDS INCPO BOX 620052 ORLANDO, FL 328620052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	615
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
TORCH RELAY FOR CHILDRENS MIRACLE N PO BOX 692589 ORLANDO, FL 328692589	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF THE SHIELD INC 1585 ADVIEW RD SE PALM BAY, FL 329096614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROSSWINDS YOUTH SERVICES INC 1407 DIXON BOULEVARD COCOA, FL 329226411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CENTRAL BREVARD SHARING CENTER INC PO BOX 3363 COCOA, FL 329243363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFSIDE PLAYERS INCPO BOX 320053 COCOA BEACH, FL 329320053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PILOT CLUB OF SOUTH BREVARD 4120 ELDORADO WAY MELBOURNE, FL 329347744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC 215 MARION ST INDN HBR BCH, FL 329374128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIERA HIGH SCHOOL 6103 STADIUM PKWY VIERA, FL 329408010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
VIERA HIGH SCHOOL 6103 STADIUM PKWY VIERA, FL 329408010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PREECLAMPSIA FOUNDATION 6905 N WICKHAM RD STE 302 MELBOURNE, FL 329402025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREVARD SCHOOLS FOUNDATION INC 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREVARD SCHOOLS FOUNDATION INC 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,030
SPACE COAST CHESS FOUNDATION INC 6770 FLORIDANA AVE MELBOURNE BCH, FL 329513845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN MISSIONS INTERNATIONAL INC 885 E HALL RD MERRITT ISLAND, FL 329538418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TEEN MISSIONS INTERNATIONAL INC 885 E HALL RD MERRITT ISLAND, FL 329538418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
TEEN MISSIONS INTERNATIONAL INC 885 E HALL RD MERRITT ISLAND, FL 329538418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREVARD ACHIEVEMENT CENTER INC 1845 COGSWELL ST ROCKLEDGE, FL 329553210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE OF BREVARD INC 3505 MURRELL RD ROCKLEDGE, FL 329554706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ARC OF INDIAN RIVER COUNTY INC 1375 16TH AVE VERO BEACH, FL 329603768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF INDIAN RIVER COUNTY INC 1375 16TH AVE VERO BEACH, FL 329603768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE ARC OF INDIAN RIVER COUNTY INC 1375 16TH AVE VERO BEACH, FL 329603768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,232
VNA HOSPICE OF INDIAN RIVER COUNTY 1110 35TH LN VERO BEACH, FL 329606549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA HOSPICE OF INDIAN RIVER COUNTY 1110 35TH LN VERO BEACH, FL 329606549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	675
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,100
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCHANGE CLUB OF INDIAN RIVER FOUND PO BOX 93 VERO BEACH, FL 329610093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 329611960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HAITI PARTNERS INCPO BOX 2865 VERO BEACH, FL 329612865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDUCATION FOUNDATION OF INDIAN RIVE PO BOX 7046 VERO BEACH, FL 329617046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 329631877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,010
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 329631877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SAINT EDWARDS SCHOOL 1895 SAINT EDWARDS DR VERO BEACH, FL 329632659	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT EDWARDS SCHOOL 1895 SAINT EDWARDS DR VERO BEACH, FL 329632659	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,090
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
QUAIL VALLEY CHARITIES INC 6545 PINNACLE DR VERO BEACH, FL 329674915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS HORSES AND HANDICAPPED INC PO BOX 551 DANIA, FL 330040551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHABAD OF NORTH EAST HOLLYWOOD-DANI 1295 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 330094640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
TSR ADVENTURES INC 4708 MONROE ST HOLLYWOOD, FL 330217264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GOOD SHEPHERD INTERNATIO PO BOX 278844 MIRAMAR, FL 330278844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KRIYA YOGA INSTITUTE INC 24757 SW 167TH AVE HOMESTEAD, FL 330311364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RURAL NEIGHBORHOODS INCORPORATED PO BOX 343529 FLORIDA CITY, FL 330340529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REEF ENVIRONMENTAL EDUCATION FOUNDA 98300 OVERSEAS HIGHWAY KEY LARGO, FL 330370631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FLORIDA KEYS SOCIETY FOR THE PREVEN 5230 COLLEGE RD KEY WEST, FL 330404302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF THE FLORIDA 300 SOUTHARD ST STE 201 KEY WEST, FL 330408401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REEF RELIEF INCPO BOX 430 KEY WEST, FL 330410430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
REEF RELIEF INCPO BOX 430 KEY WEST, FL 330410430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROTARY CLUB OF SUNSET KEY WEST PO BOX 5555 KEY WEST, FL 330455555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKING OF A CHAMPION YOUTH PROGRAM 1820 OPA LOCKA BLVD OPA LOCKA, FL 330544224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MAKING OF A CHAMPION YOUTH PROGRAM 1820 OPA LOCKA BLVD OPA LOCKA, FL 330544224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CROSS INTERNATIONAL INC 600 SW 3RD ST STE 2201 POMPANO BEACH, FL 330606936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS INTERNATIONAL INC 600 SW 3RD ST STE 2201 POMPANO BEACH, FL 330606936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
SELFLESS LOVE FOUNDATION INC 1115 HILLSBORO MILE HILLSBORO BCH, FL 330622001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ST ANDREW CATHOLIC SCHOOL 9990 NW 29TH STREET CORAL SPRINGS, FL 330656103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUJOHN FOUNDATION INC 10235 W SAMPLE RD STE 205 CORAL SPRINGS, FL 330653982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MARINERS HOSPITAL INC 91500 OVERSEAS HWY TAVERNIER, FL 330702547	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHIERA FAMILY FOUNDATION INC 4171 W HILLSBORO BLVD STE 11 COCONUT CREEK, FL 330732154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMORROWS RAINBOW INC 4341 NW 39TH AVE COCONUT CREEK, FL 330733419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	344
ATAXIA TELANGIECTASIA CHILDRENS PRO 5300 W HILLSBORO BLVD ST 105 POMPANO BEACH, FL 330734395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STONEMAN DOUGLAS MARCHING EAGLES PA 5901 PINE ISLAND RD PARKLAND, FL 330762306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMIPO BOX 025388 MIAMI, FL 331029811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF MIAMIPO BOX 025388 MIAMI, FL 331029811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF MIAMIPO BOX 025388 MIAMI, FL 331029811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMIPO BOX 025388 MIAMI, FL 331029811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 331251616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HISPANIC FOOD & BEVERAGE FOUNDATION 501 NW 37TH AVE MIAMI, FL 331254029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAKEHOUSE ART COMPLEX INC 561 NW 32ND ST MIAMI, FL 331273749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CARE ELEMENTARY SCHOOL INC 2025 NW 1ST AVE MIAMI, FL 331274901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF SO 300 NW 12TH AVENUE MIAMI, FL 331281019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEIGHBORHOOD HOUSING SERVICES OF SO 300 NW 12TH AVENUE MIAMI, FL 331281019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTH FLORIDA COMMUNITY DEVELOPMENT 300 NW 12TH AVE MIAMI, FL 331281019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135,000
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,763
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH FLORIDA PROGRESS FOUNDATION I 1601 BISCAYNE BLVD OMNI INTL MIAMI, FL 331320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PERFORMING ARTS CENTER TRUST INC 1300 BISCAYNE BLVD MIAMI, FL 331321608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
MUSEUM OF SCIENCE INC 1101 BISCAYNE BOULEVARD MIAMI, FL 331321758	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CONVENT OF THE SACRED HEART OF MIAM 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLLTON SCHOOL OF THE SACRED HEA 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
CARROLLTON SCHOOL OF THE SACRED HEA 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CARROLLTON SCHOOL OF THE SACRED HEA 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF SOUTHEAST FLORIDA INC ST 3439 MAIN HIGHWAY COCONUT GROVE, FL 331335915	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
DIOCESE OF SOUTHEAST FLORIDA INC ST 3439 MAIN HIGHWAY COCONUT GROVE, FL 331335915	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
MINDO FUTURES INC 3500 E GLENCOE ST MIAMI, FL 331334021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
AVENUE J CHABAD INC3713 MAIN HWY MIAMI, FL 331335907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENDEAVOR MIAMI INC 121 ALHAMBRA PLAZA SUITE 1605 CORAL GABLES, FL 331344540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
GABLESTAGE INC 1200 ANASTASIA AVE STE 230 CORAL GABLES, FL 331346364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF MIAMI INC 713 BILTMORE WAY CORAL GABLES, FL 331347522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRFOUR SUPPORTIVE HOUSING INC 1398 SOUTHWEST 1ST STREET 12TH FLOOR MIAMI, FL 331352380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CUBAN AMERICAN NATIONAL COUNCIL INC 1223 SW 4TH STREET MIAMI, FL 331352407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BUONICONTI FUND TO CURE PARALYSIS I 1095 NW 14TH TER MIAMI, FL 331361060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVENUE MIAMI, FL 331362015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,450
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVENUE MIAMI, FL 331362015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OVERTOWN YOUTH CENTER INC 450 NW 14TH STREET MIAMI, FL 331362636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERTOWN YOUTH CENTER INC 450 NW 14TH STREET MIAMI, FL 331362636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 331373210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 331373210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 331373227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 331373227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICANS FOR IMMIGRANT JUSTICE 3000 BISCAYNE BLVD STE 400 MIAMI, FL 331374129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
LITTLE HAITI HOUSING ASSOCIATION IN 181 NE 82ND ST FL 1 MIAMI, FL 331383755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE BASS MUSEUM INC 2100 COLLINS AVE MIAMI BEACH, FL 331391919	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE BASS MUSEUM INC 2100 COLLINS AVE MIAMI BEACH, FL 331391919	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH FOOTBALL INC 1000 POINT DRIVE MIAMI, FL 331397319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MOUNT SINAI MEDICAL CENTER FOUNDATI 4300 ALTON RD MIAMI BEACH, FL 331402800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BEREAVEMENT CENTER INC 7600 S RED RD STE 307 SOUTH MIAMI, FL 331435427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
SCLAR CENTER SMILE AGAIN CHARITABLE 7600 S RED RD STE 101 SOUTH MIAMI, FL 331435429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OUR LITTLE ROSES FOREIGN MISSION SO PO BOX 530947 MIAMI SHORES, FL 331530947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LITTLE ROSES FOREIGN MISSION SO PO BOX 530947 MIAMI SHORES, FL 331530947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MIAMI CHILDRENS HOSPITAL FOUNDATION 3100 SW 62 AVENUE MIAMI, FL 331550000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,035
MIAMI CHILDRENS HOSPITAL FOUNDATION 3100 SW 62 AVENUE MIAMI, FL 331550000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS EPISCOPAL PARISH SCHOOL 5692 N KENDALL DRIVE CORAL GABLES, FL 331562132	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
ST THOMAS EPISCOPAL PARISH SCHOOL 5692 N KENDALL DRIVE CORAL GABLES, FL 331562132	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
KENWOOD K-8 CENTER 9300 SW 79TH AVE MIAMI, FL 331567431	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODEART INC6440 SW 98TH ST MIAMI, FL 331563339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAIRCHILD TROPICAL BOTANIC GARDEN 10901 OLD CUTLER ROAD CORAL GABLES, FL 331564296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FRIENDS OF THE MARCH OF THE LIVNG I 7500 SW 120TH ST PINECREST, FL 331565210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,950
PALMER TRINITY PRIVATE SCHOOL INC 7900 SW 176TH ST PALMETTO BAY, FL 331576242	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE EVERGLADES FOUNDATION INC 18001 OLD CUTLER RD STE 625 PALMETTO BAY, FL 331576441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HAVE A DREAM FOUNDATION OF MIAMI 4000 W ISLAND BLVD PH 4 AVENTURA, FL 331602540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BARRY UNIVERSITY INC 11300 NORTHEAST SECOND AVENUE MIAMI SHORES, FL 331616695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE MIAMI, FL 331653245	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE MIAMI, FL 331653245	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	35
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE MIAMI, FL 331653245	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE MIAMI, FL 331653245	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEBASTIANSTRONG FOUNDATION 970 PINECREST DR MIAMI SPRINGS, FL 331666049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SEBASTIANSTRONG FOUNDATION 970 PINECREST DR MIAMI SPRINGS, FL 331666049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEBASTIANSTRONG FOUNDATION 970 PINECREST DR MIAMI SPRINGS, FL 331666049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANCHES INC 11500 NW 12TH AVENUE MIAMI, FL 331686217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
GOOD HOPE EQUESTRIAN TRAINING CENTE 22155 SW 147TH AVE MIAMI, FL 331704201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	314
PTA FLORIDA CONGRESS 11005 SW 84TH ST MIAMI, FL 331733804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITIAN ATHLETIC FOUNDATION INC 14610 SW 99TH AVE MIAMI, FL 331767850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ZOO MIAMI FOUNDATION INC 12400 SW 152 STREET MIAMI, FL 331771499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITIES IN SCHOOLS OF MIAMI INC 12485 SW 137TH AVENUE SUITE 109 MIAMI, FL 331864215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF MIAMI INC 12485 SW 137TH AVENUE SUITE 109 MIAMI, FL 331864215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FLORIDA INTERNATIONAL UNIVERSITY FO MODESTO A MAIDIQUE CAMPUS MARC 540 MIAMI, FL 331990001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
FLORIDA INTERNATIONAL UNIVERSITY FO 11200 SW 8 ST MARC 5TH FLOOR MIAMI, FL 331990001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA INTERNATIONAL UNIVERSITY FO MODESTO A MAIDIQUE CAMPUS MARC 540 MIAMI, FL 331990001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
DAN MARINO FOUNDATION INC 400 N ANDREWS AVE FT LAUDERDALE, FL 333013257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GREATER FORT LAUDERDALE ALLIANCE FO 110 E BROWARD BLVD STE 1990 FT LAUDERDALE, FL 333013537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER FORT LAUDERDALE ALLIANCE FO 110 E BROWARD BLVD STE 1990 FT LAUDERDALE, FL 333013537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FUNDING ARTS BROWARD INC 1350 E SUNRISE BLVD STE 120 FT LAUDERDALE, FL 333042816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF BIRCH STATE PARK INC 3109 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 333043313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE FLORIDA INC 733 BREAKERS AVE FT LAUDERDALE, FL 333044116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHRIST CHURCH SCHOOL 4845 NE 25TH AVENUE FORT LAUDERDALE, FL 333084812	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 3564 N OCEAN BLVD FORT LAUDERDALE, FL 333086752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3564 N OCEAN BLVD FORT LAUDERDALE, FL 333086752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 1 FT LAUDERDALE, FL 333096308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 1 FT LAUDERDALE, FL 333096308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 1 FT LAUDERDALE, FL 333096308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD PARTNERSHIP FOR THE HOMELES 920 NW 7TH AVE FT LAUDERDALE, FL 333117229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROWARD PARTNERSHIP FOR THE HOMELES 920 NW 7TH AVE FT LAUDERDALE, FL 333117229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE COOPERATIVE FEEDING PROGRAM INC 1 NW 33RD TER LAUDERHILL, FL 333118460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS AQUINAS HIGH SCHOOL 2801 SW 12TH ST FT LAUDERDALE, FL 333122953	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF BROWARD 4101 RAVENSWOOD ROAD SUITE 202 FT LAUDERDALE, FL 333125352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF SOUTHERN 4491 S STATE ROAD 7 STE 201 DAVIE, FL 333144035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVAL AIR STATION FORT LAUDERDALE H 4000 W PERIMETER RD FT LAUDERDALE, FL 333153514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS TRUST BROWARD 1310 W LAKE DR FT LAUDERDALE, FL 333162318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANN STORCK CENTER INC 1790 SW 43RD WAY FORT LAUDERDALE, FL 333175701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
HENDERSON BEHAVIORAL HEALTH INC 4740 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 333195839	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELICO CAT RESCUE INC 7451 NW 34TH ST LAUDERHILL, FL 333197104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SHERIFFS FOUNDATION OF BROWARD COUN 101 N PINE ISLAND RD STE 201 PLANTATION, FL 333241843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JEM FOUNDATION 101 N PINE ISLAND RD STE 201 PLANTATION, FL 333241843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERIFFS FOUNDATION OF BROWARD COUN 101 N PINE ISLAND RD STE 201 PLANTATION, FL 333241843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DEBBIES DREAM FOUNDATION INC 2 S UNIVERSITY DR STE 326 PLANTATION, FL 333243307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MISSION HAITI INC 2269 S UNIVERSITY DRIVE 227 DAVIE, FL 333245856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERIDAN HOUSE FAMILY MINISTRIESINC 1700 S FLAMINGO RD DAVIE, FL 333255852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SHERIDAN HOUSE FAMILY MINISTRIESINC 1700 S FLAMINGO RD DAVIE, FL 333255852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
JASON TAYLOR FOUNDATION INC 1575 NORTHPARK DR STE 99 WESTON, FL 333263230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIR WESTON, FL 333272253	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL AID INC571 NE 44TH ST OAKLAND PARK, FL 333343101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND ST FT LAUDERDALE, FL 333345116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND ST FT LAUDERDALE, FL 333345116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH ADOPTION AND FOSTER CARE OPT 4200 N UNIVERSITY DR SUNRISE, FL 333516210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARC BROWARD INC 10250 NW 53RD STREET SUNRISE, FL 333518023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ROSARIAN ACADEMY807 N FLAGLER DR WEST PALM BCH, FL 334013705	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS COALITION OF PALM BEACH CO 810 DATURA STREET WEST PALM BEACH, FL 334015107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOMELESS COALITION OF PALM BEACH CO 810 DATURA STREET WEST PALM BEACH, FL 334015107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOMELESS COALITION OF PALM BEACH CO 810 DATURA STREET WEST PALM BEACH, FL 334015107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS COALITION OF PALM BEACH CO 810 DATURA STREET WEST PALM BEACH, FL 334015107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMMUNITY FOUNDATION FOR PALM BEACH 700 S DIXIE HWY 200 W PALM BEACH, FL 334015854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
RAYMOND F KRAVIS CENTER FOR THE PER 701 OKEECHOBEE BLVD WEST PALM BCH, FL 334016323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAYMOND F KRAVIS CENTER FOR THE PER 701 OKEECHOBEE BLVD WEST PALM BCH, FL 334016323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS OF THE PALM BEACHES PO BOX 247 WEST PALM BCH, FL 334020247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MEALS ON WHEELS OF THE PALM BEACHES PO BOX 247 WEST PALM BCH, FL 334020247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF THE ARTS FOUNDATION INC PO BOX 552 WEST PALM BEACH, FL 334020552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
HOUSING PARTNERSHIP INC 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 334045003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTH FLORIDA SCIENCE CENTER & AQUA 4801 DREHER TRAIL NORTH WEST PALM BEACH, FL 334053017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CASE MANAGEMENT ORGANIZAT 3333 FOREST HILL BLVD 2ND FLOOR WEST PALM BCH, FL 334065812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
EDUCATION FOUNDATION OF PALM BEACH 3300 FOREST HILL BLVD C-141 WEST PALM BEACH, FL 334065813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
TRUSTBRIDGE FOUNDATION INC 5300 EAST AVE WEST PALM BEACH, FL 334070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUBS OF PALM BEACH 800 NORTHPOINT PKWY SUITE 204 WEST PALM BEACH, FL 334071978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF PALM BEACH 800 NORTHPOINT PKWY SUITE 204 WEST PALM BEACH, FL 334071978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF PALM BEACH CO 800 NORTHPOINT PKWY STE 204 WEST PALM BCH, FL 334071978	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF PALM BEACH CO 800 NORTHPOINT PKWY STE 204 WEST PALM BCH, FL 334071978	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BENJAMIN SCHOOL 11000 ELLISON WILSON ROAD NORTH PALM BEACH, FL 334083198	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BELIEVE WITH ME INC 11420 US HIGHWAY 1 PMB 122 N PALM BEACH, FL 334083226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2300 CENTRE PARK WEST DR WEST PALM BEACH, FL 334096470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,200
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
ST MARK'S EPISCOPAL SCHOOL 3395 BURNS RD PALM BEACH GARDENS, FL 334104394	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MARK'S EPISCOPAL SCHOOL 3395 BURNS RD PALM BEACH GARDENS, FL 334104394	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND PET ADOPTION FL SE INC 7047 BELVEDERE RD WEST PALM BCH, FL 334113303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PIPERS ANGELS FOUNDATION INC 11157 51ST CT N WEST PALM BCH, FL 334119009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PANTHER RIDGE CONSERVATION CENTER I 14755 PALM BEACH POINT BLVD WELLINGTON, FL 334147515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM BEACH ATLANTIC UNIVERSITY INC 901 S FLAGLER DR WEST PALM BEACH, FL 334164708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
PALM BEACH ATLANTIC UNIVERSITY INC 901 S FLAGLER DR WEST PALM BEACH, FL 334164708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
PALM BEACH COUNTY FIRE RESCUE RETIR 14851 69TH DR N WEST PALM BCH, FL 334181933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FFA FOUNDATION INC 110 PEMBROKE DR PALM BCH GDNS, FL 334184630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VILLAGE OF HOPE PALM BEACH COUNTY I C/O PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 334184637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH, FL 334213325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 3015 S CONGRESS AVE BOYNTON BEACH, FL 334269012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EQUINE-ASSISTED THERAPIES OF SOUTH PO BOX 273542 BOCA RATON, FL 334273542	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ADOLPH AND ROSE LEVIS JEWISH COMMUN 9801 DONNA KLEIN BLVD BOCA RATON, FL 334281755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JEWISH ASSOCIATION FOR RESIDENTIAL 21160 95TH AVE S BOCA RATON, FL 334283534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFESUN INC2427 NW 49TH LN BOCA RATON, FL 334314337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIFT OF LIFE MARROW REGISTRY INC 800 YAMATO ROAD SUITE 101 BOCA RATON, FL 334314431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES ROAD ADM 295 BOCA RATON, FL 334316424	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES ROAD ADM 295 BOCA RATON, FL 334316424	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA HELPING HANDS INC 1500 NW 1ST COURT BOCA RATON, FL 334321720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOCA HELPING HANDS INC 1500 NW 1ST COURT BOCA RATON, FL 334321720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOCA HELPING HANDS INC 1500 NW 1ST COURT BOCA RATON, FL 334321720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE FULLER CHILD DEVELOPMENT C 200 NE 14TH ST BOCA RATON, FL 334321848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROPEL INC215 N FEDERAL HWY BOCA RATON, FL 334323994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABILITATION CENTER FOR THE HANDICA 22313 BOCA RIO RD BOCA RATON, FL 334334701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAVALIER RESCUE OF FLORIDA INC 6858 CALLE DEL PAZ N BOCA RATON, FL 334336406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
ST ANDREWS SCHOOL OF BOCA RATON INC 3900 JOG RD BOCA RATON, FL 334344455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
BOCA WEST COMMUNITY CHARITABLE FOUN 20583 BOCA WEST DR BOCA RATON, FL 334344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOSEPHS EPISCOPAL SCHOOL INC 3300B S SEACREST BLVD BOYNTON BEACH, FL 334350000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ISRAEL TENNIS CENTERS FOUNDATION IN 3275 W HILLSBORO BLVD STE 102 DEERFIELD BCH, FL 334429410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY CHILD CARE CENTER OF DELR 555 NW 4TH ST DELRAY BEACH, FL 334442734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRUG ABUSE FOUNDATION OF PALM BEACH 400 S SWINTON AVE DELRAY BEACH, FL 334443553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 334444416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
CROSSROADS CLUB INC 1700 LAKE IDA RD DELRAY BEACH, FL 334452468	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS CLUB INC 1700 LAKE IDA RD DELRAY BEACH, FL 334452468	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WYCLIFFE CHARITIES FOUNDATION INC 4650 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH, FL 334498151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ADOPT-A-FAMILY OF THE PALM BEACHES 1712 2ND AVENUE NORTH LAKE WORTH, FL 334603210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITH-HOPE-LOVE-CHARITY INC 3175 S CONGRESS AVENUE SUITE 310 PALM SPRING, FL 334612562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FORGOTTEN SOLDIERS OUTREACH INC 3550 23RD AVE S STE 7 LAKE WORTH, FL 334613207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
R U 4 ME PET RESCUE INCPO BOX 6221 LAKE WORTH, FL 334666221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
R U 4 ME PET RESCUE INCPO BOX 6221 LAKE WORTH, FL 334666221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
R U 4 ME PET RESCUE INCPO BOX 6221 LAKE WORTH, FL 334666221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VINCEREMOS RIDING CENTER 13300 6TH CT N LOXAHATCHEE, FL 334704901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LIGHT HOUSE CAFE MINISTRIES OF THE PO BOX 220 PAHOKEE, FL 334760220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JONATHANS LANDING CARES INC 16823 CAPTAIN KIRLE DR JUPITER, FL 334771299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS LANDING CARES INC 16823 CAPTAIN KIRLE DR JUPITER, FL 334771299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF PALM BEACH INC PO BOX 3014 PALM BEACH, FL 334801214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PALM BEACH FIREFIGHTERS BENEVOLENT PO BOX 2190 PALM BEACH, FL 334802190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF DELRAY BEACH INC PO BOX 7211 DELRAY BEACH, FL 334827211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ST VINCENT FERRER SCHOOL 810 GEORGE BUSH BLVD DELRAY BEACH, FL 334835747	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,333
ST VINCENT FERRER SCHOOL 810 GEORGE BUSH BLVD DELRAY BEACH, FL 334835747	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SANDOWAY HOUSE NATURE CE 142 S OCEAN BLVD DELRAY BEACH, FL 334830000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CRC RECOVERY FOUNDATION INC 309 NE 1ST ST DELRAY BEACH, FL 334834519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GULFSTREAM SCHOOL INC 3600 GULF STREAM RD GULF STREAM, FL 334837410	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL LUTHERAN SCHOOL 701 W PALMETTO PARK ROAD BOCA RATON, FL 334863561	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
BOCA RATON REGIONAL HOSPITAL INC 800 MEADOWS RD BOCA RATON, FL 334862304	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BOCA BASEBALL ACADEMY 3113 CLINT MOORE RD APT 101 BOCA RATON, FL 334963338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTRUMENTS OF CHANGE INC PO BOX 1657 BRANDON, FL 335091657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD BRANDON, FL 335116723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	940
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JJ LYON GUARD FOUNDATION INC 39514 AVIATION AVE ZEPHYRHILLS, FL 335425293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESLEY CHAPEL TACKLE FOOTBALL & CHE PO BOX 7557 WESLEY CHAPEL, FL 335440110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TAMPA BMX RACEWAY INC 17302 N DALE MABRY HWY LUTZ, FL 335484761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BMX RACEWAY INC 17302 N DALE MABRY HWY LUTZ, FL 335484761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEARNING GATE COMMUNITY SCHOOL 16215 HANNA RD LUTZ, FL 335495701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT LEO UNIVERSITY INC PO BOX 6665 MC2354 SAINT LEO, FL 335746665	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
THE PEPIN ACADEMIES INC 9304 CAMDEN FIELD PKWY RIVERVIEW, FL 335780520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TAMPA GENERAL HOSPITAL AUXILIARY IN PO BOX 1289 TAMPA, FL 336011289	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIGAR FAMILY CHARITABLE FOUNDATION PO BOX 2030 TAMPA, FL 336012030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	551
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HILLSBOROUGH ORGANIZATION FOR PROGR 5103 N CENTRAL AVE TAMPA, FL 336030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HILLSBOROUGH ORGANIZATION FOR PROGR 5103 N CENTRAL AVE TAMPA, FL 336030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWRY PARK ZOO ENDOWMENT FOUNDATION 1101 W SLIGH AVE TAMPA, FL 336045958	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 336055940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
TAMPA PREPARATORY SCHOOL INC 727 W CASS ST TAMPA, FL 336061455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
TAMPA PREPARATORY SCHOOL INC 727 W CASS ST TAMPA, FL 336061455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD TAMPA, FL 336061490	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD TAMPA, FL 336061490	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD TAMPA, FL 336061490	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD TAMPA, FL 336061490	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,310
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTRE FOR WOMEN INC 305 SOUTH HYDE PARK AVENUE TAMPA, FL 336062233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE CENTRE FOR WOMEN INC 305 SOUTH HYDE PARK AVENUE TAMPA, FL 336062233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST JOHNS EPISCOPAL PARISH DAY SCHOO 240 PLANT AVE TAMPA, FL 336062310	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA FILM INSTITUTE INC 701 S HOWARD AVE STE 106 432 TAMPA, FL 336062473	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
TAMPA FILM INSTITUTE INC 701 S HOWARD AVE STE 106 432 TAMPA, FL 336062473	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,715
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,400
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	502
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS CANCER CENTER INC 4901 W CYPRESS ST TAMPA, FL 336073801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	526
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF TAMPA BAY I 4300 W CYPRESS ST SUITE 700 TAMPA, FL 336074157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NONPROFIT LEADERSHIP CENTER OF TAMP 1401 N WEST SHORE BLVD SUITE 101 TAMPA, FL 336074711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AARON KEITH ROBINSON FOUNDATION INC 1501 W LA SALLE ST TAMPA, FL 336075525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDEO CHRISTIAN HEALTH CLINIC INC 4118 N MACDILL AVE TAMPA, FL 336076717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUDEO CHRISTIAN HEALTH CLINIC INC 4118 N MACDILL AVE TAMPA, FL 336076717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VILLAGE PARTNERS INTERNATIONAL INC 217 S MANTANZAS AVENUE TAMPA, FL 336090000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 300 TAMPA, FL 336091040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CRISTO REY TAMPA HIGH SCHOOL AT MAR 6400 E CHELSEA ST TAMPA, FL 336105628	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	930
BAYSHORE CHRISTIAN SCHOOL 3909 S MAC DILL AVE TAMPA, FL 336110000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TAMPA ROBOTICS FOUNDATION INC 3207 W HARBOR VIEW AVE TAMPA, FL 336111920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTH TAMPA ROBOTICS FOUNDATION INC 3207 W HARBOR VIEW AVE TAMPA, FL 336111920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CARROLLWOOD DAY SCHOOL 1515 W BEARSS AVENUE TAMPA, FL 336131111	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AREA COMMUNITY DEVELOPME 14013 N 22ND ST SUITE A TAMPA, FL 336133624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,701
CHILDRENS HOME INC 10909 MEMORIAL HWY TAMPA, FL 336152511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEAT NB CANCER FOUNDATION INC 13014 N DALE MABRY HWY SUITE 256 TAMPA, FL 336182808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORBETT PREPARATORY SCHOOL OF IDS I 12015 ORANGE GROVE DRIVE TAMPA, FL 336183699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
AMYOTROPHIC LATERAL SCLEROSIS ASSN 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OPERATIONS WARRIOR FOUNDATI 1137 MARBELLA PLAZA DR TAMPA, FL 336197905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ALN 147 TAMPA, FL 336205800	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ALN 147 TAMPA, FL 336205800	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,120
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336206902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG CAT RESCUE CORP12802 EASY ST TAMPA, FL 336253702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHRIST THE KING CATHOLIC SCHOOL 3809 W MORRISON AVENUE TAMPA, FL 336294436	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
THE PLANT HIGH SCHOOL ACADEMIC FOUN 2415 S HIMES AVE TAMPA, FL 336295134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PLANT HIGH SCHOOL ACADEMIC FOUN 2415 S HIMES AVE TAMPA, FL 336295134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 336313356	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HORSE POWER FOR KIDS INC 8005 RACE TRACK RD TAMPA, FL 336359709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEPATH HOSPICE INC 12470 TELECOM DR STE 300 TEMPLE TERR, FL 336370904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LIFEPATH HOSPICE INC 12470 TELECOM DRIVE STE 300W TEMPLE TERRACE, FL 336370907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PLANT HIGH ROWING ASSOCIATION INC PO BOX 10576 TAMPA, FL 336790576	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBINSON HIGH SCHOOL FOUNDATION PO BOX 13928 TAMPA, FL 336813928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TAMPA BAY BEAGLE RESCUE INC PO BOX 271772 TAMPA, FL 336881772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FOUNDATION FOR INTERNATIONAL MISSIO 701 BEACH DR NE ST PETERSBURG, FL 337012618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERSBURG FREE CLINIC INC 863 3RD AVE N ST PETERSBURG, FL 337012703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
ST PETERSBURG FREE CLINIC INC 863 3RD AVE N ST PETERSBURG, FL 337012703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST PETERSBURG FREE CLINIC INC 863 3RD AVE N ST PETERSBURG, FL 337012703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYSTAR LIFE CENTER INC 226 6TH ST S ST PETERSBURG, FL 337014116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ST PETERSBURG NEIGHBORHOOD HOUSING 1600 DR MARTIN LUTHER KING JR STREET SOUTH ST PETERSBURG, FL 337015707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SHORECREST PREPARATORY SCHOOL 5101 FIRST STREET NE ST PETERSBURG, FL 337033099	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHORECREST PREPARATORY SCHOOL 5101 FIRST STREET NE ST PETERSBURG, FL 337033099	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,700
AMERICAN DIABETES ASSOCIATION INC 204 37TH AVE N 432 ST PETERSBURG, FL 337041416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	590
ST ANTHONYS HOSPITAL INC 1200 7TH AVE N ST PETERSBURG, FL 337051300	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA CIEGA HIGH SCHOOL 924 58TH STREET S GULFPORT, FL 337072548	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
PASADENA FUNDAMENTAL ELEMENTARY SCH 95 72ND ST N ST PETERSBURG, FL 337107506	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PASADENA FUNDAMENTAL ELEMENTARY SCH 95 72ND ST N ST PETERSBURG, FL 337107506	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADMIRAL FARRAGUT ACADEMY INC 501 PARK ST N ST PETERSBURG, FL 337106743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
ADMIRAL FARRAGUT ACADEMY INC 501 PARK ST N ST PETERSBURG, FL 337106743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
PTA FLORIDA CONGRESS95 72ND ST N ST PETERSBURG, FL 337107506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS95 72ND ST N ST PETERSBURG, FL 337107506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PTA FLORIDA CONGRESS95 72ND ST N ST PETERSBURG, FL 337107506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ECKERD COLLEGE4200 54TH AVE S ST PETERSBURG, FL 337114744	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECKERD COLLEGE4200 54TH AVE S ST PETERSBURG, FL 337114744	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CLAYBAKER DUSTOFF FOUNDATION 2510 62ND AVE S ST PETERSBURG, FL 337125242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BOLEY CENTERS INC 445-31ST STREET NORTH ST PETERSBURG, FL 337137605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
JOHNS HOPKINS ALL CHILDRENS FOUNDAT PO BOX 3142 ST PETERSBURG, FL 337313142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HONOR FLIGHT OF WEST CENTRAL FLORID PO BOX 55661 ST PETERSBURG, FL 337325661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 337333184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 337333184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTH EAST LITTLE LEAGUE INC PO BOX 7562 ST PETERSBURG, FL 337347562	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWLICIOUS POOCHIE PET RESCUE INC PO BOX 7895 ST PETERSBURG, FL 337347895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
HOMELESS EMERGENCY PROJECT INC 1120 N BETTY LN CLEARWATER, FL 337553303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
RELIGIOUS COMMUNITY SERVICES INC 503 S MARTIN LUTHER KING JR AVENUE CLEARWATER, FL 337565607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DEPAUL SCHOOL FOR DYSLEXIA INC 2747 SUNSET POINT RD CLEARWATER, FL 337591504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 337592500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 337593219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 337593219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 337593219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 337593219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEARWATER CENTRAL CATHOLIC HIGH SC 2750 HAINES BAYSHORE RD CLEARWATER, FL 337601435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CLEARWATER CENTRAL CATHOLIC HIGH SC 2750 HAINES BAYSHORE RD CLEARWATER, FL 337601435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VETERANSPLUS INC 2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 337614160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CULTURAL IMPACT FOUNDATION INC 2259 SAINT CHARLES DR CLEARWATER, FL 337644941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECKERD YOUTH ALTERNATIVES INC 100 N STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
ECKERD YOUTH ALTERNATIVES INC 100 N STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ECKERD YOUTH ALTERNATIVES INC 100 N STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 9099 130TH AVE LARGO, FL 337731403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PINELLAS COUNTY EDUCATION FOUNDATIO 12090 STARKEY RD LARGO, FL 337732727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PINELLAS COUNTY EDUCATION FOUNDATIO 12090 STARKEY RD LARGO, FL 337732727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS CLUB OF SEMINOLE BREAKFAST 3562 90TH TER N PINELLAS PARK, FL 337825956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATAPULT LAKELAND INC 226 N KENTUCKY AVE LAKELAND, FL 338014963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND REGIONAL MEDICAL CENTER FO 1324 LAKELAND HILLS BLVD LAKELAND, FL 338054543	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
LAKELAND VOLUNTEERS IN MEDICINE INC 1021 LAKELAND HILLS BLVD LAKELAND, FL 338054672	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
LAKELAND XPRESS ALL STARS INC 3711 CENTURY BLVD STE 3 LAKELAND, FL 338111333	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIONS FOR WOMEN PREGNANCY HELP CL 4435 FLORIDA NATIONAL DRIVE LAKELAND, FL 338131516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL 1317 GEORGE JENKINS BLVD LAKELAND, FL 338151367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SEED SOWERS EVANGELISTIC ASSOCIATIO 1745 OLIVE ST LAKELAND, FL 338154047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA BAPTIST CHILDRENS HOME 1015 SIKES BLVD LAKELAND, FL 338154499	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
ANCHOR HOUSE INC OF POLK COUNTY PO BOX 625 AUBURNDALE, FL 338230625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 159 S COMMERCE AVE SEBRING, FL 338703602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE VILLA COMMUNITY DEVELOPMEN 111 AVENUE R NE WINTER HAVEN, FL 338812472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HARRY CHAPIN FOOD BANK OF SOUTHWEST 3760 FOWLER ST FORT MYERS, FL 339010930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
LEE MEMORIAL HEALTH SYSTEM FOUNDATI PO BOX 2218 FORT MYERS, FL 339022218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF LEE & HENDR 1288 N TAMIAMI TRL N FT MYERS, FL 339035305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
EXPERIMENTAL AIRCRAFT ASSOCIATION I PO BOX 60204 FT MYERS, FL 339066204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BAILEYS WAY RESCUE INC 13300-56 CLEVELAND AVE SUITE 650 FORT MYERS, FL 339070000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HEIGHTS CENTER INC15570 HAGIE DR FORT MYERS, FL 339082890	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE HOSPICE AND COMMUNITY SERVICES 9470 HEALTHPARK CIR FORT MYERS, FL 339083600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK COPTIC ORTHODOX CHURCH OF S 19800 ALLAIRE LN FT MYERS, FL 339084828	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
BOBBY NICHOLS-FIDDLESTICKS FOUNDATI 15391 CANNONGATE DR FORT MYERS, FL 339122447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOBBY NICHOLS-FIDDLESTICKS FOUNDATI 15391 CANNONGATE DR FORT MYERS, FL 339122447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA CANCER SPECIALISTS FOUNDATI 4371 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 339162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHWEST FLORIDA COMMUNITY FOUNDAT 8771 COLLEGE PKWY BLDG 2 STE 201 FORT MYERS, FL 339195104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 339195566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF ESTERO FOUNDATION IN PO BOX 743 ESTERO, FL 339280743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
HAVEN OF HOPE INTERNATIONAL INC 21228 BELLA TERRA BLVD ESTERO, FL 339286310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE COUNTY HOMELESS COALITION PO BOX 380157 MURDOCK, FL 339380157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE HIGH SCHOOL PROJECT GRADU PO BOX 494917 PT CHARLOTTE, FL 339494917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE HIGH SCHOOL PROJECT GRADU PO BOX 494917 PT CHARLOTTE, FL 339494917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE HIGH SCHOOL 1250 COOPER STREET PUNTA GORDA, FL 339506203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTY ART GUILD INC 210 MAUDE ST PUNTA GORDA, FL 339503359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEA GRAPE ARTISTS GALLERY COOPERATI 113 W MARION AVE PUNTA GORDA, FL 339504412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMPREHENSIVE HOUSING RESOURCES INC 21450 GIBRALTER DRIVE - 2ND FLOOR PT CHARLOTTE, FL 339527018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA GULF COAST UNIVERSITY FOUND 10501 FGCU BLVD SOUTH FORT MYERS, FL 339656565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PUBLIC RADIO INC 10501 FGCU BLVD SOUTH FT MYERS, FL 339656565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
OCTAGON SEQUENCE OF EIGHT INC 41660 HORSESHOE RD PUNTA GORDA, FL 339827767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PATH2FREEDOM INC 1200 GOODLETTE ROAD NORTH UNIT 9916 NAPLES, FL 341013636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAPLES HIGH SCHOOL 1100 GOLDEN EAGLE CIR NAPLES, FL 341024899	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
THE CONSERVANCY OF SOUTHWEST FLORID 1495 SMITH PRESERVE WAY NAPLES, FL 341023500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CONSERVANCY OF SOUTHWEST FLORID 1495 SMITH PRESERVE WAY NAPLES, FL 341023500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINICS INC 940 5TH AVE N NAPLES, FL 341025817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS SUPPORT NETWORK INC 660 TAMIAMI TRL N STE 21 NAPLES, FL 341028133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD NAPLES, FL 341045314	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD NAPLES, FL 341045314	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 341045309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
SEACREST SCHOOL INC 7100 DAVIS BLVD NAPLES, FL 341045314	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING DEVELOPMENT CORPORATION OF 3200 BAILEY LN STE 109 NAPLES, FL 341058506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE VILLAGE SCHOOL 6000 GOODLETTE ROAD N NAPLES, FL 341097206	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 341092017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 341092017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY SCHOOL OF NAPLES INC 13275 LIVINGSTON RD NAPLES, FL 341093859	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE SCHOOL OF NAPLES INC 6000 GOODLETTE RD N NAPLES, FL 341097206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GRACE PLACE FOR CHILDREN AND FAMILI PO BOX 990531 NAPLES, FL 341166066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CENTER FOR THE ARTS OF BONITA SPRIN 26100 OLD 41 RD BONITA SPGS, FL 341356632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZONTA CLUB OF BONITA SPRINGS INC PO BOX 366836 BONITA SPGS, FL 341366836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
ROBERT E WILLIS ELEMENTARY PTO INC 14705 THE MASTERS AVE BRADENTON, FL 342025906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
ROBERT E WILLIS ELEMENTARY PTO INC 14705 THE MASTERS AVE BRADENTON, FL 342025906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH CATHOLIC SCHOOL 2990 26TH STREET W BRADENTON, FL 342053738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY COALITION ON HOMELESSNESS 701 17TH AVE W BRADENTON, FL 342057665	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS CLUB OF BRADENTON FOUNDATIO PO BOX 1032 BRADENTON, FL 342061032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR DAILY BREAD OF BRADENTON INC PO BOX 9544 BRADENTON, FL 342069544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS PLUS OF MANATEE INC 811 23RD AVE E BRADENTON, FL 342083735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD LUBAVITCH OF BRADENTON INC 5712 LORRAINE RD BRADENTON, FL 342119267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHABAD LUBAVITCH OF BRADENTON INC 5712 LORRAINE RD BRADENTON, FL 342119267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
MANASOTA YOUTH SOCCER LEAGUE 1902 6TH ST W PALMETTO, FL 342214318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,651
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,658
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEMON BAY CONSERVANCY 2980 PLACIDA RD STE 201 ENGLEWOOD, FL 342249001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEMON BAY JUNIOR GOLF FOUNDATION IN 9600 EAGLE PRESERVE DR ENGLEWOOD, FL 342249172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TSIC OF SARASOTA COUNTY INC PO BOX 48186 SARASOTA, FL 342305186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARASOTA-MANATEE JEWISH FEDERATION 580 MCINTOSH ROAD SARASOTA, FL 342320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FIRST STEP OF SARASOTA INC 4579 NORTHGATE CT SARASOTA, FL 342342124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,400
RINGLING COLLEGE OF ART AND DESIGN 2700 N TAMIAMI TRL SARASOTA, FL 342345812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HAVEN FOR ADULTS AND CHIL 4405 DESOTO RD SARASOTA, FL 342353620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
CHILD PROTECTION CENTER INC 720 S ORANGE AVE SARASOTA, FL 342367718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,120
MARIE SELBY BOTANICAL GARDENS INC 811 S PALM AVE SARASOTA, FL 342367726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIE SELBY BOTANICAL GARDENS INC 811 S PALM AVE SARASOTA, FL 342367726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAN COMMUNITY HEALTH INC 1231 N TUTTLE AVE SARASOTA, FL 342373116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 342375124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 342375124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 342375124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 342375124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF SARASOTA CO 2635 FRUITVILLE RD SARASOTA, FL 342375222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF SARASOTA CO 2635 FRUITVILLE RD SARASOTA, FL 342375222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COMMUNITY FOUNDATION OF SARASOTA CO 2635 FRUITVILLE RD SARASOTA, FL 342375222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE O 2688 FRUITVILLE ROAD SARASOTA, FL 342375223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JEWISH FAMILY & CHILDRENS SERVICE O 2688 FRUITVILLE ROAD SARASOTA, FL 342375223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
JEWISH FAMILY & CHILDRENS SERVICE O 2688 FRUITVILLE ROAD SARASOTA, FL 342375223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIRLS INCORPORATED OF SARASOTA COUN 201 S TUTTLE AVE SARASOTA, FL 342376333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TIDEWELL HOSPICE INC 5955 RAND BLVD SARASOTA, FL 342385160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTY CARROTS OF SARASOTA INC 1500 S TUTTLE AVE SARASOTA, FL 342392615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SARASOTA MEMORIAL HEALTHCARE FOUNDA 1515 SOUTH OSPREY AVENUE BUILDING B SARASOTA, FL 342392939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SARASOTA MEMORIAL HEALTHCARE FOUNDA 1515 SOUTH OSPREY AVENUE BUILDING B SARASOTA, FL 342392939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASOLO THEATER INC 5555 N TAMIAMI TRAIL SARASOTA, FL 342432141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASOLO THEATER INC 5555 N TAMIAMI TRAIL SARASOTA, FL 342432141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASOLO THEATER INC 5555 N TAMIAMI TRAIL SARASOTA, FL 342432141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY INC 2970 UNIVERSITY PKWY SARASOTA, FL 342432412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2970 UNIVERSITY PKWY SARASOTA, FL 342432412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ROSKAMP INSTITUTE INC 2040 WHITFIELD AVENUE - NUMBER 100 SARASOTA, FL 342433922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOBBLY FEET FOUNDATION INC 6014 WINCHESTER PL SARASOTA, FL 342435318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST GERMAN SHORTHAIRED POINTE 24704 49TH AVE E MYAKKA CITY, FL 342519140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CANINE CASTAWAYS INCPO BOX 3295 ARCADIA, FL 342653295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SERVICE CLUB OF MANATEE COUNTY FLOR P O BOX 15435 BRADENTON, FL 342805435	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE CLUB OF MANATEE COUNTY FLOR P O BOX 15435 BRADENTON, FL 342805435	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LITTLE LEAGUE BASEBALL INC PO BOX 2154 VENICE, FL 342842154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GULF COAST COMMUNITY FOUNDATION INC 601 TAMIAMI TRL SOUTH VENICE, FL 342853237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST COMMUNITY FOUNDATION INC 601 TAMIAMI TRL SOUTH VENICE, FL 342853237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
THE TWIG CARES INC 826 PINEBROOK ROAD VENICE, FL 342857120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE TWIG CARES INC 826 PINEBROOK ROAD VENICE, FL 342857120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 342935701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CENTRAL FLORIDA WEIMARANER & DOG RE 1932 N WATKINS PT INVERNESS, FL 344530544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOSPICE OF CITRUS COUNTY INC PO BOX 641270 BEVERLY HILLS, FL 344641270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARNETTE HOUSE INC 2310 NE 24TH STREET OCALA, FL 344703840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HELPING HANDS FOUNDATION INC 101 NE 16TH AVE OCALA, FL 344706904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MARION COUNTY CHILDRENS ALLIANCE 3482 NW 10TH ST OCALA, FL 344754546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH FOUNDATION OF MARION COU 435 NW 2ND ST OCALA, FL 344756545	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF MARION CO INC 1401 NE 2ND ST OCALA, FL 344781086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOSPICE OF MARION COUNTY INC PO BOX 4860 OCALA, FL 344784860	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1321 SE 25TH LOOP OCALA, FL 344785578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF HERNANDO COUNTY INC 4028 COMMERCIAL WAY SPRING HILL, FL 346062398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONNERTON ELEMENTARY SCHOOL 5126 SCHOOL RD LAND O LAKES, FL 346383614	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULFSIDE HOSPICE AND PASCO PALLIATI 2061 COLLIER PARKWAY LAND O LAKES, FL 346395202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GULFSIDE HOSPICE AND PASCO PALLIATI 2061 COLLIER PARKWAY LAND O LAKES, FL 346395202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GULFSIDE HOSPICE AND PASCO PALLIATI 2061 COLLIER PARKWAY LAND O LAKES, FL 346395202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY AT THE LAKES INC 2220 COLLIER PKWY LAND O LAKES, FL 346395284	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
CHAPEL RIP CITY INC 25115 TRADEWINDS DR LAND O LAKES, FL 346395503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CONNECTIONS JOB DEVELOPMENT CORPORA 5841 MAIN ST NEW PRT RCHY, FL 346522713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY AGING AND RETIREMENT SERV 12417 CLOCK TOWER PKWY HUDSON, FL 346672411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HERNANDO-PASCO HOSPICE INC 12107 MAJESTIC BLVD HUDSON, FL 346672455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EILEEN MORGAN FOUNDATION 11650 VISTA ROYAL DR HUDSON, FL 346675603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEER EXPRESS CORPPO BOX 2654 OLDSMAR, FL 346770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHEER EXPRESS CORPPO BOX 2654 OLDSMAR, FL 346770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FLORIDA BICYCLE ASSOCIATION INC PO BOX 2452 OLDSMAR, FL 346770018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM HARBOR LADY CANES INC 1900 OMAHA ST PALM HARBOR, FL 346833546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HEALING PAWS ANIMAL THERAPY INC 36181 E LAKE RD STE 272 PALM HARBOR, FL 346853142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EIGHT O CLOCK THEATRE INC PO BOX 297 SAFETY HARBOR, FL 346950297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EIGHT O CLOCK THEATRE INC PO BOX 297 SAFETY HARBOR, FL 346950297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEASH INCPO BOX 128 ASTATULA, FL 347050128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEASH INCPO BOX 128 ASTATULA, FL 347050128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DR CLERMONT, FL 347111915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DR CLERMONT, FL 347111915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SOUTH LAKE ANIMAL LEAGUE INC PO BOX 121504 CLERMONT, FL 347121504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP GRADY VILLAS 401 BISHOP GRADY CT ST CLOUD, FL 347691538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BISHOP GRADY VILLAS 401 BISHOP GRADY CT ST CLOUD, FL 347691538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GARDEN COMMUNITY CHOIR INC PO BOX 770234 WINTER GARDEN, FL 347770234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 11125 PARK AVE WINDERMERE, FL 347867828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	246
PTA FLORIDA CONGRESS 11125 PARK AVE WINDERMERE, FL 347867828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF ST LUCIE COUNT 3104 AVENUE J STE 1 FORT PIERCE, FL 349472412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUCIE COUNTY EDUCATION FOUNDATIO 4204 OKEECHOBEE RD FORT PIERCE, FL 349475414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
T C SEMINOLE CLUB INCPO BOX 4023 FORT PIERCE, FL 349484023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UDT-SEAL MUSEUM ASSOCIATION INC 3300 NORTH HIGHWAY ALA FORT PIERCE, FL 349490000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UDT-SEAL MUSEUM ASSOCIATION INC 3300 NORTH HIGHWAY ALA FORT PIERCE, FL 349490000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,148
TREASURE COAST MANATEE FOUNDATION I 480 N INDIAN RIVER DR FORT PIERCE, FL 349503024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF ST LUCI 403 N US HWY 1 FORT PIERCE, FL 349503050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2904 OKEECHOBEE RD FORT PIERCE, FL 349508342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
PROJECT PAWS ALIVE INC 1193 SE PORT SAINT LUCIE BLVD 289 PORT SAINT LUCIE, FL 349525332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE RURAL SCHOOL INC 15929 SW 150TH ST INDIANTOWN, FL 349563406	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HPS HELPING PEOPLE SUCCEED FOUNDATI 1601 NE BRAILLE PL JENSEN BEACH, FL 349575345	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
TREASURE COAST ENVIRONMENTAL DEFENS PO BOX 1812 JENSEN BEACH, FL 349581812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAVE THE CHIMPS INCPO BOX 12220 FORT PIERCE, FL 349792220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER STATE COLLEGE FDN INC 3209 VIRGINIA AVE FT PIERCE, FL 349815541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
INDIAN RIVER STATE COLLEGE FDN INC 3209 VIRGINIA AVE FT PIERCE, FL 349815541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SARAHS KITCHEN OF THE TREASURE COAS 295 NW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 349831964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAHS KITCHEN OF THE TREASURE COAS 295 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 349831964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF ST LUCIE COUNTY I 8890 NORTHWEST GLADES CUT-OFF ROAD PORT ST LUCIE, FL 349862702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HUMANE SOCIETY OF ST LUCIE COUNTY I 8890 NORTHWEST GLADES CUT-OFF ROAD PORT ST LUCIE, FL 349862702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREASURE COAST WILDLIFE FOUNDATION 8626 SW CITRUS BLVD PALM CITY, FL 349905826	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	35
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STARSTRUCK THEATRE INC 2101 S KANNER HIGHWAY STUART, FL 349944614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CELEBRITIES FORE KIDS INC PO BOX 186 STUART, FL 349950186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CHILDRENS MUSEUM OF THE TREASURE CO PO BOX 2147 STUART, FL 349952147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN MEMORIAL FOUNDATION INC PO BOX 9010 STUART, FL 349959010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
ST JOSEPH CATHOLIC SCHOOL 1200 SE 10TH STREET STUART, FL 349964112	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
FLORIDA OCEANOGRAPHIC SOCIETY INC 890 NE OCEAN BLVD STUART, FL 349961627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA OCEANOGRAPHIC SOCIETY INC 890 NE OCEAN BLVD STUART, FL 349961627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
HOSPICE OF THE TREASURE COAST INC 1201 SE INDIAN ST STUART, FL 349975688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARINER SANDS CHARITY WEEK INC 6500 SE MARINER SANDS DR STUART, FL 349978723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HARBOR INC 1 OUR CHILDRENS HIGHWAY CHILDRENS HARBOR, AL 350108620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARAB CITY SCHOOL FOUNDATION INC PO BOX 626 ARAB, AL 350160626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARAB CITY SCHOOL FOUNDATION INC PO BOX 626 ARAB, AL 350160626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS HOMEPO BOX 162 CHELSEA, AL 350430162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
KINGS HOMEPO BOX 162 CHELSEA, AL 350430162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KINGS HOMEPO BOX 162 CHELSEA, AL 350430162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN RD CLEVELAND, AL 350494186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOPE HEALTH CENTER INC 4614 CARNEGIE AVE FAIRFIELD, AL 350641430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,236
UNIVERSITY OF MONTEVALLO FOUNDATION STATION 6215 MONTEVALO, AL 351150000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR HOPE INTERNATIONAL INC 887 GLENNWOOD RD MORRIS, AL 351161708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SIGHT SAVERS AMERICA INC 337 BUSINESS CIR PELHAM, AL 351241772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RED MOUNTAIN THEATRE COMPANY INC PO BOX 278 BIRMINGHAM, AL 352010278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT AMERICA 1901 6TH AVE N STE 2400 BIRMINGHAM, AL 352030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMPACT AMERICA 1901 6TH AVE N STE 2400 BIRMINGHAM, AL 352030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REDEMPTIVE CYCLES SERVICES INC 1305 2ND AVE N STE 101 BIRMINGHAM, AL 352031750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ART FUND OF BIRMINGHAM INC 2000 REVEREND ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 352032205	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ALABAMA EDUCATIONAL TELEVISION FOUN 2112 11TH AVE S STE 400 BIRMINGHAM, AL 352052884	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELEN KELLER FOUNDATION FOR RESEARC 1201 11TH AVE S STE 300 BIRMINGHAM, AL 352053422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIRMINGHAM HOLOCAUST EDUCATION CENT 2222 ARLINGTON AVE S BIRMINGHAM, AL 352054004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UAB EDUCATIONAL FOUNDATION 1717 11TH AVE S BIRMINGHAM, AL 352054731	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UAB EDUCATIONAL FOUNDATION 1717 11TH AVE S BIRMINGHAM, AL 352054731	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
UAB EDUCATIONAL FOUNDATION 1717 11TH AVE S BIRMINGHAM, AL 352054731	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN CANCER SOCIETY INC 1100 IRELAND WAY STE 300 BIRMINGHAM, AL 352057014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1100 IRELAND WAY STE 300 BIRMINGHAM, AL 352057014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1100 IRELAND WAY STE 300 BIRMINGHAM, AL 352057014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE BELL CENTER FOR EARLY INTERVENT 1700 29TH CT S BIRMINGHAM, AL 352092502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BELL CENTER FOR EARLY INTERVENT 1700 29TH CT S BIRMINGHAM, AL 352092502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ASSISTANCE LEAGUE OF BIRMINGHAM ALA 1755 OXMOOR RD BIRMINGHAM, AL 352094048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS VILLAGE INC PO BOX 110501 BIRMINGHAM, AL 352110501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF CENTRAL ALABA 5201 8TH AVE S BIRMINGHAM, AL 352124102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRLS INCORPORATED OF CENTRAL ALABA 5201 8TH AVE S BIRMINGHAM, AL 352124102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GIRLS INCORPORATED OF CENTRAL ALABA 5201 8TH AVE S BIRMINGHAM, AL 352124102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF CENTRAL ALABA 5201 8TH AVE S BIRMINGHAM, AL 352124102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MOUNTAIN BROOK COUNCIL PTO INC PO BOX 130236 BIRMINGHAM, AL 352130236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
HIGHLANDS DAY SCHOOL FOUNDATION 4901 OLD LEEDS RD MOUNTAIN BRK, AL 352131807	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD MOUNTAIN BRK, AL 352132413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD MOUNTAIN BRK, AL 352132413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR RD STE 205 MOUNTAIN BRK, AL 352132416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTAMONT SCHOOLPO BOX 131429 BIRMINGHAM, AL 352136429	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
CENTRAL ALABAMA THEATER PO BOX 170566 BIRMINGHAM, AL 352170566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,947
SOZO CHILDREN INTERNATIONAL 4 41ST ST S BIRMINGHAM, AL 352221929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRMINGHAM ZOO INC 2630 CAHABA RD BIRMINGHAM, AL 352231106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,371
BIRMINGHAM ZOO INC 2630 CAHABA RD BIRMINGHAM, AL 352231106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,138
BIRMINGHAM ZOO INC 2630 CAHABA RD BIRMINGHAM, AL 352231106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVE S BIRMINGHAM, AL 352331711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1700 4TH AVE S BIRMINGHAM, AL 352331810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 1700 4TH AVE S BIRMINGHAM, AL 352331810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WOMENS FUND OF GREATER BIRMINGHAM 2201 5TH AVE S APT 110 BIRMINGHAM, AL 352332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF GREATER BIRMINGHAM 2201 5TH AVE S APT 110 BIRMINGHAM, AL 352332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST VINCENTS FOUNDATION OF ALABAMA I 1 MEDICAL PARK DRIVE EAST SUITE 200 BIRMINGHAM, AL 352353408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
HOOVER SERVICE CLUB INC PO BOX 360771 BIRMINGHAM, AL 352360771	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 516 LIBERTY PKWY BIRMINGHAM, AL 352427531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,550
BOY SCOUTS OF AMERICA 516 LIBERTY PKWY BIRMINGHAM, AL 352427531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK S STE 104 HOOVER, AL 352441869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK S STE 104 HOOVER, AL 352441869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK S STE 104 HOOVER, AL 352441869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK S STE 104 HOOVER, AL 352441869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK S STE 104 HOOVER, AL 352441869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FAMILY PROMISE OF BIRMINGHAM INC PO BOX 531233 BIRMINGHAM, AL 352531233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIRMINGHAM-SOUTHERN COLLEGE 900 ARKADELPHIA ROAD BIRMINGHAM, AL 352540002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRMINGHAM-SOUTHERN COLLEGE 900 ARKADELPHIA ROAD BIRMINGHAM, AL 352540002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
ALABAMA POWER SERVICE ORGANIZATION 600 N 18TH ST BIRMINGHAM, AL 352910001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALABAMA POWER SERVICE ORGANIZATION 600 N 18TH ST BIRMINGHAM, AL 352910001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	415
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UAB RESEARCH FOUNDATION 701 S 20TH ST STE 770 BIRMINGTON, AL 352940000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	360
BOY SCOUTS OF AMERICAPO BOX 3088 TUSCALOOSA, AL 354030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY FOUNDATION OF WEST ALABAM PO BOX 3033 TUSCALOOSA, AL 354033033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 861928 TUSCALOOSA, AL 354860017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 861928 TUSCALOOSA, AL 354860017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	365
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 861928 TUSCALOOSA, AL 354860017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 861928 TUSCALOOSA, AL 354860017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	165
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870136 TUSCALOOSA, AL 354870001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870136 TUSCALOOSA, AL 354870001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,855
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,304
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,900
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
ALABAMA BOSTON TERRIER RESCUE INC 427 COUNTY ROAD 281 COURTLAND, AL 356183635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF THE SHOALS INC 2810 DARBY DR FLORENCE, AL 356301524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NO ALA FOUNDATION UNA BOX 5113 FLORENCE, AL 356320001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
COVENANT CHRISTIAN ASSEMBLY 1900 COVENANT DRIVE TUSCUMBIA, AL 356744752	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARTEC K-9 UNIT LLC 121 AUTUMN OAK LN HARVEST, AL 357499311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HORIZON ELEMENTARY PTA PO BOX 2067 MADISON, AL 357581434	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHOOSE LIFE OF NORTH ALABAMA INC 220 RANDS AVE SE HUNTSVILLE, AL 358014318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY RD SW HUNTSVILLE, AL 358014421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
LINCOLN VILLAGE PRESERVATION CORPOR 1110 MERIDIAN ST N HUNTSVILLE, AL 358014636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEALS INC1100 MERIDIAN ST N HUNTSVILLE, AL 358014636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS COUNCIL INC 700 MONROE STREET HUNTSVILLE, AL 358015579	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARTS COUNCIL INC 700 MONROE ST SW STE 2 HUNTSVILLE, AL 358015580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THERAPY PARTNERS INC 3054 LEEMAN FERRY RD SW STE J HUNTSVILLE, AL 358015660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH SCHOOL 1005 DRAKE AVE SE HUNTSVILLE, AL 358021036	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BOYS AND GIRLS CLUB OF NORTH ALABAM PO BOX 73 HUNTSVILLE, AL 358040073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
HUNTSVILLE LIBRARY FOUNDATION PO BOX 443 HUNTSVILLE, AL 358040443	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSVILLE LIBRARY FOUNDATION PO BOX 443 HUNTSVILLE, AL 358040443	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
FOOD BANK OF NORTH ALABAMA 2000B VERNON AVE SW HUNTSVILLE, AL 358053052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
U S SPACE & ROCKET CENTER EDUCATION 1 TRANQUILITY BASE HUNTSVILLE, AL 358053371	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVER SURRENDER - A BREAST CANCER S PO BOX 1098 GADSDEN, AL 359021098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALABAMA WILDLIFE FEDERATION INC 3050 LANARK RD MILLBROOK, AL 360543616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ALABAMA WILDLIFE FEDERATION INC 3050 LANARK RD MILLBROOK, AL 360543616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE ROAD VOLUNTEER FIRE PROTECTION PO BOX 640099 PIKE ROAD, AL 360640099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAMILY SUPPORT CENTER INC 113 W MAIN ST PRATTVILLE, AL 360673033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 680009 PRATTVILLE, AL 360680009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 680009 PRATTVILLE, AL 360680009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 680009 PRATTVILLE, AL 360680009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
LEADERSHIP AUTAUGA COUNTY INC PO BOX 680241 PRATTVILLE, AL 360680241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUSKEGEE UNIVERSITY ROOM 324 KRESGE CENTER TUSKEGEE, AL 360880000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
TUSKEGEE UNIVERSITY ROOM 324 KRESGE CENTER TUSKEGEE, AL 360880000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
KELLY FITZPATRICK MEMORIAL GALLERY PO BOX 641 WETUMPKA, AL 360920011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ELMORE COUNTY INC 255 CENTRAL PLANK RD WETUMPKA, AL 360925300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY SUNSHINE CENTER FOUNDATION I PO BOX 5160 MONTGOMERY, AL 361035160	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 361042538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 361042538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	753
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 361042538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,672
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 361042538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 361042538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,084
THE SALVATION ARMY 900 MAXWELL BLVD MONTGOMERY, AL 361043031	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
VALIANT CROSS ACADEMY 301 DEXTER AVE MONTGOMERY, AL 361043740	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,110
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,075
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPRI COMMUNITY FILM SOCIETY INC 1045 E FAIRVIEW AVE MONTGOMERY, AL 361062144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CLOVERDALE PLAYHOUSE INC 960 CLOVERDALE RD MONTGOMERY, AL 361062155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAMARITAN COUNSELING CENTER INC 2911 ZELDA RD MONTGOMERY, AL 361062648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,417
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY AREA FOOD BANK INC 521 TRADE CENTER ST MONTGOMERY, AL 361082107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALABAMA CHRISTIAN ACADEMY 4700 WARES FERRY ROAD MONTGOMERY, AL 361093304	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ALABAMA CHRISTIAN ACADEMY 4700 WARES FERRY ROAD MONTGOMERY, AL 361093304	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESURRECTION CATHOLIC MISSIONS OF T 2815 FORBES DR MONTGOMERY, AL 361101307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,400
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DR MONTGOMERY, AL 361103235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DR MONTGOMERY, AL 361103235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DR MONTGOMERY, AL 361103235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DR MONTGOMERY, AL 361103235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALABAMA DANCE THEATRE PO BOX 11327 MONTGOMERY, AL 361110327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIVIL AIR PATROL105 S HANSELL ST MAXWELL AFB, AL 361125937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CIVIL AIR PATROL105 S HANSELL ST MAXWELL AFB, AL 361125937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SAINT JAMES SCHOOL 6010 VAUGHN RD MONTGOMERY, AL 361161202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JAMES SCHOOL 6010 VAUGHN RD MONTGOMERY, AL 361161202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
FAMILY GUIDANCE CENTER 2358 FAIRLANE DR MONTGOMERY, AL 361161604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOSPICE OF MONTGOMERY INC 1111 HOLLOWAY PARK MONTGOMERY, AL 361171902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF MONTGOMERY INC 1111 HOLLOWAY PARK MONTGOMERY, AL 361171902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF MONTGOMERY INC 1111 HOLLOWAY PARK MONTGOMERY, AL 361171902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
MONTGOMERY CAPITAL ROTARY CHARITIES PO BOX 231062 MONTGOMERY, AL 361231062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST CHOICE WOMENS MEDICAL CENTER PO BOX 241664 MONTGOMERY, AL 361241664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION 29 WEST 14TH STREET ANNISTON, AL 362010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
KNOX CONCERT SERIES INC PO BOX 2501 ANNISTON, AL 362022501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY EAST CENTRAL 415 CASTLE AVE ANNISTON, AL 362053914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED CEREBRAL PALSY EAST CENTRAL 415 CASTLE AVE ANNISTON, AL 362053914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RIGHT PLACE1211 JACKSON WAY SW JACKSONVILLE, AL 362654306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST ALABAMA MEDICAL CENTERFOU 1922 FAIRVIEW AVENUE DOTHAN, AL 363013022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DOTHAN LANDMARKS FOUNDATION INC PO BOX 6362 DOTHAN, AL 363026362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOTHAN RESCUE MISSION PO BOX 6691 DOTHAN, AL 363026691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIREGRASS CHILDRENS HOME PO BOX 6813 DOTHAN, AL 363026813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTRAL ALABAMA COMMUNITY FOUNDATIO 111 ADRIS PL STE 8 DOTHAN, AL 363032006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 6801 W MAIN ST DOTHAN, AL 363056937	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYSIDE ACADEMY303 DRYER AVENUE DAPHNE, AL 365264484	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
DAPHNE LIBRARY FOUNDATIONS INC PO BOX 1225 DAPHNE, AL 365261225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EASTERN SHORE ART ASSN INC 401 OAK AVE FAIRHOPE, AL 365322403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN SHORE ART ASSN INC 401 OAK AVE FAIRHOPE, AL 365322403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EASTERN SHORE ART ASSN INC 401 OAK AVE FAIRHOPE, AL 365322403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
FAIRHOPE EDUCATIONAL ENRICHMENT FOU 82 PLANTATION POINTE 307 FAIRHOPE, AL 365322962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEEKS BAY FOUNDATION INC 11401 US HIGHWAY 98 FAIRHOPE, AL 365325404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WEEKS BAY FOUNDATION INC 11401 US HIGHWAY 98 FAIRHOPE, AL 365325404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BALDWIN COUNTY HUMANE SOCIETY PO BOX 206 FAIRHOPE, AL 365330206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRHOPE EDUCATIONAL ENRICHMENT FOU 82 PLANTATION POINTE 307 FAIRHOPE, AL 365330906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FAIRHOPE EDUCATIONAL ENRICHMENT FOU 82 PLANTATION POINTE 307 FAIRHOPE, AL 365330906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THOMAS HOSPITAL FOUNDATION INC PO BOX 929 FAIRHOPE, AL 365330929	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EXCEPTIONAL FOUNDATION OF THE G PO BOX 1267 FAIRHOPE, AL 365331267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC FOUNDATION OF THE ARCHDIOC PO BOX 230 MOBILE, AL 366010230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC FOUNDATION OF THE ARCHDIOC PO BOX 230 MOBILE, AL 366010230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC FOUNDATION OF THE ARCHDIOC PO BOX 230 MOBILE, AL 366010230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MOBILE BAYKEEPER INC 450C GOVERNMENT ST MOBILE, AL 366022320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTH A 9 DAUPHIN ST STE 101 MOBILE, AL 366023705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	322
BIG BROTHERS BIG SISTERS OF SOUTH A 9 DAUPHIN ST STE 101 MOBILE, AL 366023705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MCKEMIE PLACE INC913 S BROAD ST MOBILE, AL 366031002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCKEMIE PLACE INC913 S BROAD ST MOBILE, AL 366031002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST MARY CATHOLIC SCHOOL 107 N LAFAYETTE STREET MOBILE, AL 366042207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MARY CATHOLIC SCHOOL 107 N LAFAYETTE STREET MOBILE, AL 366042207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 366072500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,575
DUMAS WESLEY COMMUNITY CENTER 126 MOBILE ST MOBILE, AL 366072909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 366081791	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE FOUNDATION 6801 AIRPORT BLVD MOBILE, AL 366083709	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
GOODWILL INDUSTRIES-EASTER SEALS OF 2440 GORDON SMITH DR MOBILE, AL 366172319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GOODWILL INDUSTRIES-EASTER SEALS OF 2440 GORDON SMITH DR MOBILE, AL 366172319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF MOBILE A CHAPT PO BOX 850212 MOBILE, AL 366850212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,475
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
CHATTAHOOCHEE HOSPICE INC 6 MEDICAL PARK VALLEY, AL 368543665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL SANCTUARY FOR ELEPHANTS PO BOX 2426 BRENTWOOD, TN 370242426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL SANCTUARY FOR ELEPHANTS PO BOX 2426 BRENTWOOD, TN 370242426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CUL2VATEPO BOX 2806 BRENTWOOD, TN 370242806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
KENROSE ELEMENTARY PTO 1702 RAINTREE PKWY BRENTWOOD, TN 370272606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENROSE ELEMENTARY PTO 1702 RAINTREE PKWY BRENTWOOD, TN 370272606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,535
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,350
NATIONAL MULTIPLE SCLEROSIS SOCIETY 214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PTA TENNESSE CONGRESS OF PARENTS TE 5501 HILL RD BRENTWOOD, TN 370274404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 783 OLD HICKORY BLVD STE 300W BRENTWOOD, TN 370274586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	359
JDRF INTERNATIONAL 105 WESTPARK DR STE 415 BRENTWOOD, TN 370275318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRENTWOOD ACADEMY INC 219 GRANNY WHITE PIKE BRENTWOOD, TN 370275753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRENTWOOD ACADEMY INC 219 GRANNY WHITE PIKE BRENTWOOD, TN 370275753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
P T O LIPSCOMB PARENT TEACH ORGANIZ 8011 CONCORD RD BRENTWOOD, TN 370276727	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
LOAVES AND FISHESPO BOX 3241 CLARKSVILLE, TN 370433241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP RAINBOW INCPO BOX 3522 CLARKSVILLE, TN 370433522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
CAMP RAINBOW INCPO BOX 3522 CLARKSVILLE, TN 370433522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BATTLE OF FRANKLIN TRUST INC 1345 EASTERN FLANK CIRCLE FRANKLIN, TN 370643259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISON SOCCER BOOSTER CLUB 1040 BISON TRL GALLATIN, TN 370668460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BISON SOCCER BOOSTER CLUB 1040 BISON TRL GALLATIN, TN 370668460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BISON SOCCER BOOSTER CLUB 1040 BISON TRL GALLATIN, TN 370668460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASSLAND MIDDLE SCHOOL PARENTS CLU 2390 HILLSBORO RD FRANKLIN, TN 370696232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ROTARY CLUB OF LEWISBURG TENNESSEE PO BOX 1275 LEWISBURG, TN 370910275	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ISHA FOUNDATION INC951 ISHA LN MCMINNVILLE, TN 371108627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD FRIENDS SENIOR DOGS 12110 LEBANON RD MT JULIET, TN 371222520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OLD FRIENDS SENIOR DOGS 12110 LEBANON RD MT JULIET, TN 371222520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SOLES 4 SOULS319 MARTINGALE DR OLD HICKORY, TN 371383349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWP CULTURE DOG RESCUE 1605 PAGE ST SPRINGFIELD, TN 371723809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PROJECT ALIVEPO BOX 384 THOMPSONS STN, TN 371790384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,180
PROJECT ALIVEPO BOX 384 THOMPSONS STN, TN 371790384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 372012031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 372012031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 372012031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROHR CHABAD HOUSE AT VANDERBILT UNI 111 23RD AVE N NASHVILLE, TN 372031701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	575
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,721
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1000 CHURCH STREET NASHVILLE, TN 372033418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 1000 CHURCH STREET NASHVILLE, TN 372033418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,199
YOUNG MENS CHRISTIAN ASSOCIATION OF 1000 CHURCH STREET NASHVILLE, TN 372033418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 372034709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 372034709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 372034709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SHAKESPEARE FESTIVAL 161 RAINS AVENUE NASHVILLE, TN 372035330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NASHVILLE PUBLIC TELEVISION INC 161 RAINS AVE NASHVILLE, TN 372035330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NASHVILLE ROTARY SERVICE TRUST 3401 WEST END AVE STE 318 NASHVILLE, TN 372036851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 372037548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 40244 NASHIVILLE, TN 372040244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF MIDDLE TENNES 120 POWELL PL NASHVILLE, TN 372043602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ORGANIZATION OF GLEN 800 THOMPSON AVE NASHVILLE, TN 372044239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
PARENT TEACHER ORGANIZATION OF GLEN 800 THOMPSON AVE NASHVILLE, TN 372044239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MONTGOMERY BELL ACADEMY 4001 HARDING ROAD NASHVILLE, TN 372051902	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY BELL ACADEMY 4001 HARDING ROAD NASHVILLE, TN 372051902	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
PROMISE FOR HAITI INC 4402 HOWELL PL NASHVILLE, TN 372053808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHEEKWOOD BOTANICAL GARDEN AND MUSE 1200 FORREST PARK DR NASHVILLE, TN 372054206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LWALA COMMUNITY ALLIANCE INC PO BOX 60688 NASHVILLE, TN 372060688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
APPALACHIAN INSTITUTE FOR CREATIVE 1505 GARTLAND AVE NASHVILLE, TN 372062754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
APPALACHIAN INSTITUTE FOR CREATIVE 1505 GARTLAND AVE NASHVILLE, TN 372062754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 372104104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
CHRIST PRESBYTERIAN ACADEMY 2323A OLD HICKORY BLVD NASHVILLE, TN 372155311	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE FOOD PROJECT INC 3605 HILLSBORO PIKE NASHVILLE, TN 372152123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NASHVILLE FOOD PROJECT INC 3605 HILLSBORO PIKE NASHVILLE, TN 372152123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
THE COMMUNITY FDN OF MIDDLE TN INC 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 372152519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST GLOBAL RESPONSE INC 402 BNA DR STE 411 NASHVILLE, TN 372172546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
TENNESSEE PERFORMING ARTS CENTER MA 505 DEADERICK ST 3RD FLOOR NASHVILLE, TN 372191402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25,000
CYSTIC FIBROSIS FOUNDATION 4825 TROUSDALE DR STE 238 NASHVILLE, TN 372201358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4825 TROUSDALE DR STE 238 NASHVILLE, TN 372201358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
FRIENDS OF THE WARNER PARKS INC 50 VAUGHN RD NASHVILLE, TN 372213706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE WARNER PARKS INC 50 VAUGHN RD NASHVILLE, TN 372213706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC RADIO 630 MAINSTREAM DR NASHVILLE, TN 372281204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF MIDDLE 331 GREAT CIRCLE RD NASHVILLE, TN 372281703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 372350002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 372350002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITYPMB 406310 NASHVILLE, TN 372400001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
VANDERBILT UNIVERSITYPMB 406310 NASHVILLE, TN 372400001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
VANDERBILT UNIVERSITYPMB 406310 NASHVILLE, TN 372400001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	176
VANDERBILT UNIVERSITY VANDERBILT GIFT PROCESSING OFFICE - PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,530
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUNRISE ROTARY FOUNDATION PO BOX 5899 CLEVELAND, TN 373205899	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,905
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,080
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
ON POINT4509 HIXSON PIKE STE 1 HIXSON, TN 373435062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LOOKOUT MOUNTAIN ELEMENTARY 321 N BRAGG AVE LOOKOUT MTN, TN 373501205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AMERICAN-HAITIAN FOUNDATION 3602 ANDERSON PIKE SIGNAL MTN, TN 373771229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,675
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CHINESE AGAPE FOUNDATION PO BOX 312 TELLICO PLNS, TN 373850312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CHINESE AGAPE FOUNDATION PO BOX 312 TELLICO PLNS, TN 373850312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES H COOLIDGE MEDAL OF HONOR H PO BOX 11467 CHATTANOOGA, TN 374012467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 W 6TH ST CHATTANOOGA, TN 374021108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHATTANOOGA FC FOUNDATION 1271 MARKET ST CHATTANOOGA, TN 374022716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTANOOGA-HAMILTON COUNTY PUBLIC 100 E 10TH ST STE 500 CHATTANOOGA, TN 374024217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
GREATER CHATTANOOGA COLON CANCER FO 979 E THIRD ST STE C-300 CHATTANOOGA, TN 374032136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
FIRST THINGS FIRST INC 620 LINDSAY ST STE 100 CHATTANOOGA, TN 374033433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 374043949	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	168
MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 374043949	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
CHATTANOOGA GIRLS LEADERSHIP ACADEM 1802 BAILEY AVE CHATTANOOGA, TN 374040000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTANOOGA GIRLS LEADERSHIP ACADEM 1802 BAILEY AVE CHATTANOOGA, TN 374040000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE ZOO INC 301 N HOLTZCLAW AVE CHATTANOOGA, TN 374042306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUMANE EDUCATIONAL SOCIETY OF CHATT 212 N HIGHLAND PARK AVE CHATTANOOGA, TN 374042438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES 1112 MCCALLIE AVE CHATTANOOGA, TN 374042822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE BAYLOR SCHOOL 171 BAYLOR SCHOOL RD CHATTANOOGA, TN 374052506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE BAYLOR SCHOOL 171 BAYLOR SCHOOL RD CHATTANOOGA, TN 374052506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE NEIGHBORHOOD HOUSE PO BOX 4086 CHATTANOOGA, TN 374053834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
NORTHSIDE NEIGHBORHOOD HOUSE PO BOX 4086 CHATTANOOGA, TN 374053834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHATTANOOGA AREA FOOD BANK INC 2009 CURTAIN POLE RD CHATTANOOGA, TN 374062306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTANOOGA AREA FOOD BANK INC 2009 CURTAIN POLE RD CHATTANOOGA, TN 374062306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TEEN CHALLENGE OF THE MID-SOUTH INC PO BOX 2280 CHATTANOOGA, TN 374090280	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STUDENTS TAKING A RIGHT STAND STARS 1161 W 40TH STREET SUITE 310 CHATTANOOGA, TN 374091317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF HAMILT 5705 UPTAIN RD CHATTANOOGA, TN 374115704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SILVERDALE BAPTIST CHURCH 7236 BONNY OAKS DR CHATTANOOGA, TN 374211099	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	565
SECOND LIFE OF CHATTANOOGA PO BOX 25485 CHATTANOOGA, TN 374225485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES FREE INCPO BOX 5645 JOHNSON CITY, TN 376025645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MOUNTAIN STATES FOUNDATION 2335 KNOB CREEK RD STE 101 JOHNSON CITY, TN 376042002	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
SOUTHERN APPALACHIAN RONALD MCDONAL 418 N STATE OF FRANKLIN RD JOHNSON CITY, TN 376046035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE STATE UNIVERSITY FOU PO BOX 70732 JOHNSON CITY, TN 376140000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HEALING HANDS HEALTH CENTER INC 245 MIDWAY ST BRISTOL, TN 376201704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ARTS ALLIANCE MOUNTAIN EMPIRE PO BOX 94 BRISTOL, TN 376210094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN MEDICAL & DENTAL SOCIETY PO BOX 7500 BRISTOL, TN 376217500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
JOHN SEVIER BAND ASSOCIATION 1200 WATEREE ST KINGSPORT, TN 376604550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
SYMPHONY OF THE MOUNTAINS 1200 E CENTER STREET KINGSPORT, TN 376604958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYS MOUNTAIN PARK ASSOCIATION 853 BAYS MOUNTAIN PARK ROAD KINGSPORT, TN 376607664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF GREATER KINGSP PO BOX 784 KINGSPORT, TN 376620784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF GREATER KINGSP PO BOX 784 KINGSPORT, TN 376620784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SULLIVAN COUNTY HUMANE SOCIETY INC PO BOX 922 KINGSPORT, TN 376620922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON RURAL CLINIC INC 126 W OLD AJ HWY JEFFERSON CITY, TN 377601945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS EPISCOPAL SCHOOL INC 3275 MAPLE VALLEY RD MORRISTOWN, TN 378133420	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
GIRLS INCORPORATED OF HAMBLEN COUNT PO BOX 3058 MORRISTOWN, TN 378153058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF HAMBLEN COUNT PO BOX 3058 MORRISTOWN, TN 378153058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
TRINITY OUT-REACH CENTER OF HOPE 320 ROBERTSVILLE RD STE 5 OAK RIDGE, TN 378304826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TRINITY OUT-REACH CENTER OF HOPE 320 ROBERTSVILLE RD STE 5 OAK RIDGE, TN 378304826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEVIEW PSYCHIATRIC HOSPITAL AND 240 W TYRONE RD OAK RIDGE, TN 378306571	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
APPALACHIAN BLACK BEAR REHABILITATI PO BOX 364 TOWNSEND, TN 378820364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
KNOXVILLE SYMPHONY FOUNDATION P O BOX 360 KNOXVILLE, TN 379010360	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX HERITAGE INCPO BOX 1242 KNOXVILLE, TN 379011242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KNOXVILLE SYMPHONY SOCIETY INC 100 SOUTH GAY STREET SUITE 302 KNOXVILLE, TN 379021003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HISTORIC TENNESSEE THEATRE ENDOWMEN 604 S GAY ST KNOXVILLE, TN 379021603	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION- 420 W CLINCH AVE KNOXVILLE, TN 379022101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YWCA KNOXVILLE FOUNDATION 420 W CLINCH AVE KNOXVILLE, TN 379022101	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
WOMENS FUND OF EAST TENENSSEE 625 MARKET ST STE 1300 KNOXVILLE, TN 379022219	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALL OF FAME MANAGEMENT INC 700 HALL OF FAME DR KNOXVILLE, TN 379153240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EAST TENNESSEE CHILDRENS HOSPITAL A 2018 W CLINCH AVE KNOXVILLE, TN 379162301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
EAST TENNESSEE CHILDRENS HOSPITAL A 2018 W CLINCH AVE KNOXVILLE, TN 379162301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HELEN ROSS MCNABB CENTER 201 W SPRINGDALE AVE KNOXVILLE, TN 379175158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INTERFAITH HEALTH CLINIC INC 315 GILL AVE KNOXVILLE, TN 379177209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VOLUNTEER MINISTRY CENTER INC 511 NORTH BROADWAY KNOXVILLE, TN 379177408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG-WILLIAMS ANIMAL CENTER OF EAS 3201 DIVISION ST KNOXVILLE, TN 379193207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KNOXVILLE JAZZ ORCHESTRA 2518 SHERROD RD KNOXVILLE, TN 379202048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,122
KNOXVILLE JAZZ ORCHESTRA 2518 SHERROD RD KNOXVILLE, TN 379202048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAGSHIP ROBOTICS 3140 FOUNDATION I 11237 KINGSTON PIKE KNOXVILLE, TN 379342840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WEST HIGH SCHOOL ATHLETIC COUNCIL I PO BOX 10344 KNOXVILLE, TN 379390344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE UNIVERSITY OF TENNESSEE FOUNDAT 600 HENLEY STREET SUITE 100 KNOXVILLE, TN 379964502	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAGE-ROBBINS ADULT DAY SERVICES INC 1961 S HOUSTON LEVEE RD COLLIERVILLE, TN 380170875	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS FOUNDATION FOR A GREATER MEM 40 SOUTH MAIN STREET STE 2280 MEMPHIS, TN 381030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WOMENS FOUNDATION FOR A GREATER MEM 40 SOUTH MAIN STREET STE 2280 MEMPHIS, TN 381030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUES FOUNDATION INC 421 SOUTH MAIN ST MEMPHIS, TN 381034464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUBS OF GREATER MEMPH 44 S REMBERT ST MEMPHIS, TN 381044004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY FOUNDATION OF GREATER MEM 1900 UNION AVE MEMPHIS, TN 381044029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER MEM 1900 UNION AVE MEMPHIS, TN 381044029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
VIBRANT MEMPHIS INC 902 S COOPER ST MEMPHIS, TN 381045603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE PUPPY UP FOUNDATION 1460 MADISON AVE MEMPHIS, TN 381046313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,667
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 SAINT JUDE PL MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 535 ALABAMA AVE MEMPHIS, TN 381053603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MSC 512 MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,035
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MSC 512 MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MSC 512 MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MSC 512 MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ARTS MEMPHIS575 S MENDENHALL RD MEMPHIS, TN 381174215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE STE 850 MEMPHIS, TN 381193665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEMPHIS UNIVERSITY SCHOOL 6191 PARK AVE MEMPHIS, TN 381195305	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN BROTHERS LA SALLE HIGH SC 5900 WALNUT GROVE RD MEMPHIS, TN 381202104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD STE 215 MEMPHIS, TN 381202127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 381202350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 381202350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 381202350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
GIRL SCOUTS HEART OF THE SOUTH PO BOX 240246 MEMPHIS, TN 381240246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	517
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
METROPOLITAN INTER-FAITH ASSOC 910 VANCE AVENUE MEMPHIS, TN 381262911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN INTER-FAITH ASSOC 910 VANCE AVENUE MEMPHIS, TN 381262911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAX BURDETTE FIBROLAMELLAR CANCER R 9056 STONE WALK PL GERMANTOWN, TN 381387838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL STREET ALUMNI CENTER NO MEMPHIS, TN 381520001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
SCARLET ROPE PROJECT 56 HARVEY JOHNSON RD JACKSON, TN 383019664	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON CHRISTIAN SCHOOL 832 COUNTRY CLUB LANE JACKSON, TN 383058750	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FREED-HARDEMAN UNIVERSITY 158 E MAIN ST HENDERSON, TN 383402306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ELEPHANT AID INTERNATIONAL PO BOX 106 HOHENWALD, TN 384620106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINER MENAGERIE ANIMAL RESCUE AND S 1131 SUMAC RD PULASKI, TN 384780000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHRISTIAN EMERGENCY RELIEF TEAMS IN PO BOX 763 CROSSVILLE, TN 385570763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MORE THAN A MEAL INCPO BOX 1880 OXFORD, MS 386551880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LEAP FROG PROGRAM 409 WASHINGTON AVE OXFORD, MS 386553013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF MISSISSIPPI FOUNDATIO 406 UNIVERSITY AVE OXFORD, MS 386554389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ST JOSEPH HIGH SCHOOL1501 ZFW RD GREENVILLE, MS 387015841	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI METHODIST SENIOR SERVIC PO BOX 1567 TUPELO, MS 388021567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HIGHLAND BLUFF ELEMENTARY PTO 5970 HIGHWAY 25 BRANDON, MS 390477646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE MUSTARD SEED INC 1085 LUCKNEY RD BRANDON, MS 390478786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI COLLEGEPO BOX 4058 CLINTON, MS 390580001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,025
COPIAH ENDOWMENT CORPORATION PO BOX 1027 CRYSTAL SPGS, MS 390591027	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
THE BAPTIST CHILDRENS VILLAGE PO BOX 27 CLINTON, MS 390600027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMANTOWN BAND BOOSTERS INC 200 CALHOUN PKWY MADISON, MS 391106877	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MISSISSIPPI CENTER FOR NONPROFITS I 201 W CAPITOL ST STE 700 JACKSON, MS 392012005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MISSISSIPPI CENTER FOR NONPROFITS I 201 W CAPITOL ST STE 700 JACKSON, MS 392012005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN CENTER INC 114 MILLSAPS AVE JACKSON, MS 392021407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GATEWAY RESCUE MISSION INC 328 S GALLATIN ST JACKSON, MS 392033513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GATEWAY RESCUE MISSION INC 328 S GALLATIN ST JACKSON, MS 392033513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI FOOD NETWORK INC PO BOX 411 JACKSON, MS 392050411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MPB FOUNDATION 3825 RIDGEWOOD RD JACKSON, MS 392116453	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
MPB FOUNDATION 3825 RIDGEWOOD RD JACKSON, MS 392116453	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWS ALUMNI FOUNDATION OF JACKSO PO BOX 1054 JACKSON, MS 392151054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISSISSIPPI KIDNEY FOUNDATION INC 3000 OLD CANTON RD STE 110 JACKSON, MS 392164216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WILSON RESEARCH FOUNDATION 1350 E WOODROW WILSON AVE JACKSON, MS 392165112	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON RESEARCH FOUNDATION 1350 E WOODROW WILSON AVE JACKSON, MS 392165112	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	550
NORTHWEST RANKIN MIDDLE SCHOOL PARE 1 PAW PRINT PL FLOWOOD, MS 392326675	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF CHILDRENS HOSPITAL INC 3900 LAKELAND DR STE 205 FLOWOOD, MS 392328853	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF SOUTHERN JEWISH LIFE I PO BOX 16528 JACKSON, MS 392366528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JACKSON PREPARATORY SCHOOL FOUNDATI PO BOX 4940 JACKSON, MS 392964940	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
MISSISSIPPI CHILDRENS MUSEUM PO BOX 55409 JACKSON, MS 392965409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY HOUSE COMMUNITY CENTER INC PO BOX 1207 MERIDIAN, MS 393021207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MERIDIAN SYMPHONY ASSOCIATION INC PO BOX 2171 MERIDIAN, MS 393022171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CARTER FOUNDATION4316 25TH ST MERIDIAN, MS 393075141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIDIAN COMMUNITY COLLEGE FDN 910 HWY 19 N MERIDIAN, MS 393075801	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1318 HARDY ST HATTIESBURG, MS 394014982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PEARL RIVER COUNTY SPCA INC PO BOX 191 PICAYUNE, MS 394660191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEARL RIVER COUNTY SPCA INC PO BOX 191 PICAYUNE, MS 394660191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GULF COAST COMMUNITY FOUNDATION INC 11975 SEAWAY RD STE B-150 GULFPORT, MS 395036078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST STANISLAUS HIGH SCHOOL 304 S BEACH BLVD BAY SAINT LOUIS, MS 395204301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI STATE UNIVERSITY FOUNDA PO BOX 6149 MS STATE UNIV, MS 397620000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MISSISSIPPI STATE UNIVERSITY FOUNDA P O BOX 6149 MISSISSIPPI STATE, MS 397626149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MISSISSIPPI STATE UNIVERSITY FOUNDA P O BOX 6149 MISSISSIPPI STATE, MS 397626149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMBERWOOD SANCTUARY INC 454 MILFORD CHURCH ROAD BAKER COUNTY LEARY, GA 398627509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AMBERWOOD SANCTUARY INC 454 MILFORD CHURCH ROAD BAKER COUNTY LEARY, GA 398627509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AMBERWOOD SANCTUARY INC 454 MILFORD CHURCH ROAD BAKER COUNTY LEARY, GA 398627509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMBERWOOD SANCTUARY INC 454 MILFORD CHURCH ROAD BAKER COUNTY LEARY, GA 398627509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
YOUNG MENS CHRISTIAN ASSOCIATION OF 545 S 2ND ST LOUISVILLE, KY 402021801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 545 S 2ND ST LOUISVILLE, KY 402021801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 545 S 2ND ST LOUISVILLE, KY 402021801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES OF 550 S 1ST ST LOUISVILLE, KY 402021816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH ST LOUISVILLE, KY 402022403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH ST LOUISVILLE, KY 402022403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEALING PLACE INC 1020 W MARKET ST LOUISVILLE, KY 402022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,115
HEALING PLACE INC 1020 W MARKET ST LOUISVILLE, KY 402022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA INC514 W LIBERTY ST 139 LOUISVILLE, KY 402022800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ASSOCIATION OF THE LOUISVILLE ORCHE 620 W MAIN ST STE 600 LOUISVILLE, KY 402022973	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	600
ASSOCIATION OF THE LOUISVILLE ORCHE 620 W MAIN ST STE 600 LOUISVILLE, KY 402022973	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEHAVEN INC950 S 1ST ST LOUISVILLE, KY 402032202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUMMERBRIDGE LOUISVILLE INC 902 S SHELBY ST LOUISVILLE, KY 402032532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	715
SUMMERBRIDGE LOUISVILLE INC 902 S SHELBY ST LOUISVILLE, KY 402032532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
GILDAS CLUB LOUISVILLE INC 633 BAXTER AVE LOUISVILLE, KY 402041157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GILDAS CLUB LOUISVILLE INC 633 BAXTER AVE LOUISVILLE, KY 402041157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 402053224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 6100 DUTCHMANS LN STE 401 LOUISVILLE, KY 402053284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
JEWISH COMMUNITY OF LOUISVILLE INC 3600 DUTCHMANS LN LOUISVILLE, KY 402053302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS GLOBAL CANCER ALLIANCE INC PO BOX 6957 LOUISVILLE, KY 402060957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LOUISVILLE LITERARY ARTS INC 1860 MELLWOOD AVENUE STUDIO 123 LOUISVILLE, KY 402061033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 402074618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 402074618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,260
TRINITY HIGH SCHOOL FOUNDATION INC 4011 SHELBYVILLE RD LOUISVILLE, KY 402073122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
BAPTIST HEALTH FOUNDATION GREATER L 4007 KRESGE WAY LOUISVILLE, KY 402074605	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH FOUNDATION GREATER L 4007 KRESGE WAY LOUISVILLE, KY 402074605	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
BACKSIDE LEARNING CENTER INC 704 CENTRAL AVE LOUISVILLE, KY 402081212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIR LOUISVILLE, KY 402082746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESALES HIGH SCHOOL ALUMNI ASSOCIAT 425 KENWOOD DR LOUISVILLE, KY 402140000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DR LOUISVILLE, KY 402142111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KENTUCKY HUMANE SOCIETY 241 STEEDLY DR LOUISVILLE, KY 402142947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE OF LOUISVILLE INC 2231 LOWER HUNTERS TRCE LOUISVILLE, KY 402161358	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,150
SOCIETY OF ST VINCENT DEPAUL COUNCI PO BOX 17126 LOUISVILLE, KY 402170126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION OF KENTUCKIANA 982 EASTERN PARKWAY LOUISVILLE, KY 402171566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA INC982 EASTERN PKWY STE 9 LOUISVILLE, KY 402171566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
USPIRITUS INC 3121 BROOKLAWN CAMPUS DR LOUISVILLE, KY 402181282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KENTUCKY HUMANE SOCIETY 1000 LYNDON LN LOUISVILLE, KY 402224316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVE A GOAT INC 9911 SHELBYVILLE RD STE 100 LOUISVILLE, KY 402232987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
DARE TO CARE INC 5803 FERN VALLEY RD LOUISVILLE, KY 402281051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WATER WITH BLESSINGS 11714 MAIN ST LOUISVILLE, KY 402430000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF LOUISVILLE INC 800 LILY CREEK ROAD LOUISVILLE, KY 402432823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JILLS WISH FOUNDATION INC PO BOX 7151 LOUISVILLE, KY 402570151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY SERVICES PROJECT INC 1106 PENILE RD LOUISVILLE, KY 402722104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SERVICES PROJECT INC 1106 PENILE RD LOUISVILLE, KY 402722104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY SERVICES PROJECT INC 1106 PENILE RD LOUISVILLE, KY 402722104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF LOUISVILLE FOUNDATION CONTROLLERS OFFICE LOUISVILLE, KY 402920001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PRISONERS HOPE INC 11501 PLANTSIDE DR STE 10 LOUISVILLE, KY 402996334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OLD FRIENDS INC 1841 PAYNES DEPOT RD GEORGETOWN, KY 403249138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP JEAN INC1530 CORINTH RD LAWRENCEBURG, KY 403429583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP JEAN INC1530 CORINTH RD LAWRENCEBURG, KY 403429583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOUTHLAND CHRISTIAN CHURCH OF LEXIN 5001 HARRODSBURG RD NICHOLASVILLE, KY 403569760	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,707
SOUTHLAND CHRISTIAN CHURCH OF LEXIN 5001 HARRODSBURG RD NICHOLASVILLE, KY 403569760	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRE COLLEGE OF KENTUCKY 600 W WALNUT ST DANVILLE, KY 404221309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CENTRE COLLEGE OF KENTUCKY 600 W WALNUT ST DANVILLE, KY 404221309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	504
CENTRE COLLEGE OF KENTUCKY 600 W WALNUT ST DANVILLE, KY 404221309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCDOWELL HOUSE MUSEUM INC 125 S 2ND ST DANVILLE, KY 404221801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REFUGE MINISTRIES INC 2349 RICHMOND RD STE 220 LEXINGTON, KY 405021307	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 405041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI GAMMA DELTA EDUCATIONAL FOUNDAT 1201 RED MILE RD LEXINGTON, KY 405042648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF THE BLUEGRASS INC 2312 ALEXANDRIA DR LEXINGTON, KY 405043229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
BABY HEALTH SERVICE INC 1590 HARRODSBURG RD LEXINGTON, KY 405043704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,375
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,375
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
LEXARTS INC161 NORTH MILL STREET LEXINGTON, KY 405071125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE LITERACY CENTER INC 251 W SECOND ST LEXINGTON, KY 405071135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVING ARTS & SCIENCE CENTER INC 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 405081840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIVING ARTS & SCIENCE CENTER INC 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 405081840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY HUMANITIES COUNCIL INC UNI 206 E MAXWELL ST LEXINGTON, KY 405082613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEWTONS ATTIC 4974 OLD VERSAILLES RD LEXINGTON, KY 405109756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES EQUESTRIAN FEDERATION 4047 IRON WORKS PKWY LEXINGTON, KY 405118516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR FUND INC4813 BRENNEN DR LEXINGTON, KY 405156278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTRAL KENTUCKY RIDING FOR HOPE IN PO BOX 13155 LEXINGTON, KY 405833155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ROTARY CLUB OF LEXINGTON SUNRISE FO PO BOX 34184 LEXINGTON, KY 405884184	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 406018749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 406018749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 406018749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY 1699 HILTON DRIVE PARK HILLS, KY 410112705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NOTRE DAME ACADEMY 1699 HILTON DRIVE PARK HILLS, KY 410112705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS HOME OF NORTHERN KENTUCKY 200 HOME RD COVINGTON, KY 410111942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSED SACRAMENT ELEMENTARY SCHOOL 2407 DIXIE HIGHWAY FT MITCHELL, KY 410172936	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
BLESSED SACRAMENT ELEMENTARY SCHOOL 2407 DIXIE HIGHWAY FT MITCHELL, KY 410172936	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
RIDING FORWARD 1825 AIRPORT EXCHANGE BLVD STE 110 ERLANGER, KY 410183232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACK FAMILY FOUNDATION 59 CAVALIER BLVD STE 310 FLORENCE, KY 410423902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,835
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,450
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,660
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKHORN CHILDRENS FOUNDATION INC 116 BUCKHORN LN BUCKHORN, KY 417218987	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	650
COMMONWEALTH HEALTH FOUNDATON 800 PARK ST BOWLING GREEN, KY 421012356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY FOUNDATION OF SOUTH CENTR PO BOX 737 BOWLING GREEN, KY 421020737	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL BLESSINGS INTERNATIONAL INC 3808 S GRIFFITH AVE OWENSBORO, KY 423016852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ONE CAT AT A TIME INC216 TILDEN ST LEITCHFIELD, KY 427542120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 430152333	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	646
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 430152333	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 430152333	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 305 CURTIS ST DELAWARE, OH 430152497	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUBLIN SOCCER LEAGUE INC PO BOX 501 DUBLIN, OH 430170501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NICK ROZANSKI MEMORIAL FOUNDATION 231 CLOVER CT DUBLIN, OH 430171101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MUSICIANS AGAINST CHILDHOOD CANCER 1434 S 3BS AND K ROAD GALENA, OH 430219724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYON COLLEGE105 CHASE AVE GAMBIER, OH 430225024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,150
KENYON COLLEGE105 CHASE AVE GAMBIER, OH 430225024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERSEALS CENTRAL & SOUTHEAST OHI 3830 TRUEMAN CT HILLIARD, OH 430262496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EASTERSEALS CENTRAL & SOUTHEAST OHI 3830 TRUEMAN CT HILLIARD, OH 430262496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
SERENDIPITY STABLESPO BOX 205 MARYSVILLE, OH 430400205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHY NEW ALBANY INC 150 WEST MAIN STREET NEW ALBANY, OH 430548933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LICKING MEMORIAL HEALTH FOUNDATION 1320 W MAIN ST NEWARK, OH 430551822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
LICKING MEMORIAL HEALTH FOUNDATION 1320 W MAIN ST NEWARK, OH 430551822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS ZOOLOGICAL PARK ASSOCIATIO PO BOX 400 POWELL, OH 430650400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
COLUMBUS ZOOLOGICAL PARK ASSOCIATIO PO BOX 400 POWELL, OH 430650400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
INTERNATIONAL CENTER FOR THE PRESER PO BOX 400 POWELL, OH 430659606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REYNOLDSBURG UNITED METHODIST CHURC 1636 GRAHAM RD REYNOLDSBURG, OH 430682633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
A CHRISTMAS TO CURE CANCER INC 7952 THORNBUSH DR WESTERVILLE, OH 430829199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
A CHRISTMAS TO CURE CANCER INC 7952 THORNBUSH DR WESTERVILLE, OH 430829199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEVRA USAPO BOX 168 WORTHINGTON, OH 430850168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LUTHERAN SOCIAL SERVICES OF CENTRAL 500 W WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 430852283	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 431239741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 431239741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 431239741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 431239741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALEIDOSCOPE YOUTH CENTER INC PO BOX 8104 COLUMBUS, OH 432010104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNVERFERTH HOUSE INC190 KING AVE COLUMBUS, OH 432012703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF CENTRAL OHIO 68 E 2ND AVE COLUMBUS, OH 432013526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEWAY ACADEMY 2500 MEDARY AVE COLUMBUS, OH 432022643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BRIDGEWAY ACADEMY 2500 MEDARY AVE COLUMBUS, OH 432022643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
MANSION DAY SCHOOL 72 WOODLAND AVENUE COLUMBUS, OH 432031769	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVE COLUMBUS, OH 432031408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
COMMUNITY FOR NEW DIRECTION INCORPO 2323 W 5TH AVE STE 160 COLUMBUS, OH 432040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 432051405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 432052140	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE CHARITIES OF 711 E LIVINGSTON AVE COLUMBUS, OH 432052640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE CHARITIES OF 711 E LIVINGSTON AVE COLUMBUS, OH 432052640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	405
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,070
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OHIO STATE UNIVERSITY 10 PARK DR COLUMBUS, OH 432091639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BEXLEY EDUCATION FOUNDATION 348 S CASSINGHAM RD BEXLEY, OH 432091806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVE COLUMBUS, OH 432092890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF GREATER 1125 COLLEGE AVE COLUMBUS, OH 432097802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OHIO STATE UNIVERSITY RESEARCH FOUN 1960 KENNY RD COLUMBUS, OH 432101063	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
OHIO STATE UNIVERSITY RESEARCH FOUN 1960 KENNY RD COLUMBUS, OH 432101063	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPDRUG547 E 11TH AVE COLUMBUS, OH 432112603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
COMPDRUG547 E 11TH AVE COLUMBUS, OH 432112603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
MORTAR BOARD INC 1200 CHAMBERS RD STE 201 COLUMBUS, OH 432121703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BISHOP WATTERSON HIGH SCHOOL 99 E COOKE ROAD COLUMBUS, OH 432143111	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO NEWSBOYS ASSOCIATION INC 4300 INDIANOLA AVE COLUMBUS, OH 432142221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
OHIO NEWSBOYS ASSOCIATION INC 4300 INDIANOLA AVE COLUMBUS, OH 432142221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDHOOD LEAGUE INC 674 CLEVELAND AVE COLUMBUS, OH 432151775	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIOHEALTH CORPORATION 180 EAST BROAD STREET 31ST FL COLUMBUS, OH 432153707	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
OHIO FOUNDATION OF INDEPENDENT COLL 250 E BROAD ST STE 1700 COLUMBUS, OH 432153722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JEFFERSON CENTER FOR LEARNING & THE 65 JEFFERSON AVE COLUMBUS, OH 432153840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS SYMPHONY ORCHESTRA INC 55 E STATE ST COLUMBUS, OH 432154203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JEANNE B MCCOY COMMUNITY CENTER FOR 55 E STATE ST COLUMBUS, OH 432154203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COLUMBUS SYMPHONY ORCHESTRA INC 55 E STATE ST COLUMBUS, OH 432154203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL AMERICAN PEACE FOUNDATION 545 E TOWN ST COLUMBUS, OH 432154801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
FRANKLIN UNIVERSITY 201 S GRANT AVE COLUMBUS, OH 432155301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
RULING OUR EXPERIENCES INC 1335 DUBLIN ROAD SUITE 18A COLUMBUS, OH 432157619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL OHIO CLUB OF THE NANBPW CLU PO BOX 163792 COLUMBUS, OH 432163792	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOOD NEIGHBORS OF CENTRAL OHIO PO BOX 16311 COLUMBUS, OH 432166311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
OHIO SPECIAL OLYMPICS 2879 JOHNSTOWN RD COLUMBUS, OH 432191719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO SPECIAL OLYMPICS 2879 JOHNSTOWN RD COLUMBUS, OH 432191719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
OHIO SPECIAL OLYMPICS 2879 JOHNSTOWN RD COLUMBUS, OH 432191719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
CANCER SUPPORT COMMUNITY CENTRAL OH 1200 OLD HENDERSON RD COLUMBUS, OH 432203606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,810
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPPER ARLINGTON CIVIC ASSOCIATION PO BOX 21171 COLUMBUS, OH 432210171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR COLUMBUS, OH 432211725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR COLUMBUS, OH 432211725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEINZERLING COMMUNITY 1800 HEINZERLING DR COLUMBUS, OH 432233642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 3140 WESTERVILLE RD COLUMBUS, OH 432243749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATIONAL 3140 WESTERVILLE RD COLUMBUS, OH 432243749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO SPECIAL OLYMPICS INC 2140 ATLAS ST COLUMBUS, OH 432289647	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
OHIO LIVING FOUNDATION 1001 KINGSMILL PKWY COLUMBUS, OH 432291129	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,167
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN GRANVILLE RD STE 120 COLUMBUS, OH 432293245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 1855 E DUBLIN-GRANVILLE RD 1ST FL COLUMBUS, OH 432293516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARION COMMUNITY FOUNDATION 504 S STATE ST MARION, OH 433025036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
WYANDOT COUNTY HUMANE SOCIETY INC 9640 COUNTY HIGHWAY 330 UPPER SANDSKY, OH 433519668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD COUNTY HUMANE SOCIETY INC 801 VAN CAMP RD BOWLING GREEN, OH 434029332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOWLING GREEN STATE UNIVERSITY FOUN 132 ADMINISTRATION BLDG BOWLING GREEN, OH 434030055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOWLING GREEN STATE UNIVERSITY FOUN 132 ADMINISTRATION BLDG BOWLING GREEN, OH 434030055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RUTHERFORD B HAYES PRESIDENTIAL SPIEGEL GROVE FREMONT, OH 434200000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE ERIE FOUNDATION236 WALNUT LAKESIDE, OH 434400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAUDER VILLAGEPO BOX 235 ARCHBOLD, OH 435020235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAUDER VILLAGEPO BOX 235 ARCHBOLD, OH 435020235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GOOD GRIEF OF NORTHWEST OHIO INC 7015 SPRING MEADOWS DRIVE WEST SUITE 201 HOLLAND, OH 435288040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF NORTHWEST OHIO 30000 E RIVER RD PERRYSBURG, OH 435513429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAHAMS FOUNDATION 1205 LOUISANA AVE BOX 755 PERRYSBURG, OH 435529701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MEDICAL EQUIPMENT AND SUPPLIES ARBR 1092 BENDING BROOK LN WATERVILLE, OH 435661612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FULTON COUNTY HISTORICAL SOCIETY IN PO BOX 104 WAUSEON, OH 435670104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES FOR BASIC LEGAL EQUALITY 525 JEFFRSON AVE STE 300 TOLEDO, OH 436041094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TOLEDO NORTHWESTERN OHIO FOODBANK I 24 E WOODRUFF AVE TOLEDO, OH 436045263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
TOLEDO NORTHWESTERN OHIO FOODBANK I 24 E WOODRUFF AVE TOLEDO, OH 436045263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOLEDO NORTHWESTERN OHIO FOODBANK I 24 E WOODRUFF AVE TOLEDO, OH 436045263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
ST PAULS COMMUNITY CENTER 230 13TH ST TOLEDO, OH 436045443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST PAULS COMMUNITY CENTER 230 13TH ST TOLEDO, OH 436045443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 436062226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 436062226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
OTTAWA HILLS LOCAL3600 INDIAN RD TOLEDO, OH 436062425	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS DE SALES HIGH SCHOOL 2323 W BANCROFT STREET TOLEDO, OH 436071306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST FRANCIS DE SALES HIGH SCHOOL 2323 W BANCROFT STREET TOLEDO, OH 436071306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PREGNANCY CENTER OF GREATER TOLEDO 716 N WESTWOOD AVE TOLEDO, OH 436073558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY AND CHILD ABUSE PREVENTION C 2460 CHERRY ST TOLEDO, OH 436082667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PROJECT IAM FOUNDATION INC 3818 FRAMPTON DR TOLEDO, OH 436145429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VICTORY CENTER 5532 W CENTRAL AVE STE B TOLEDO, OH 436150713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR 930 S WYNN RD OREGON, OH 436163530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
TOLEDO MUSEUM OF ART 2445 MONROE BOX 1013 TOLEDO, OH 436201517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TOLEDO MUSEUM OF ART 2445 MONROE BOX 1013 TOLEDO, OH 436201517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 8728 TOLEDO, OH 436230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NOTRE DAME ACADEMY HIGH SCHOOL 3535 SYLVANIA AVE TOLEDO, OH 436234410	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GIRLS ON THE RUN OF NORTHWEST OHIO 6024 RENAISSANCE PL STE E TOLEDO, OH 436234733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSKINGUM COUNTY COMMUNITY FOUNDATI 534 PUTNAM AVENUE ZANESVILLE, OH 437010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MIRACLE LEAGUE OF MUSKINGUM VALLEY 3415 BOWERS LN ZANESVILLE, OH 437011050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BEAUX ARTS CLUB OF ZANESVILLE INC 620 MILITARY RD ZANESVILLE, OH 437011533	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNIGHTS FOUNDATION INCPO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	688
KNIGHTS FOUNDATION INCPO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
KNIGHTS FOUNDATION INCPO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTSIDE COMMUNITY MINISTRY INC PO BOX 965 ZANESVILLE, OH 437020965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSKINGUM VALLEY GARDEN SOCIETY INC PO BOX 2688 ZANESVILLE, OH 437022688	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ZANESVILLE CONCERT ASSOCIATION INC PO BOX 2861 ZANESVILLE, OH 437022861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSKINGUM VALLEY HEALTH CENTERS 859 N MAIN ST MALTA, OH 437589007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GEAUGA YOUTH HOCKEY ASSOCIATION 11555 ROBIN WOOD LN CHAGRIN FALLS, OH 440239307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GEAUGA YOUTH HOCKEY ASSOCIATION 11555 ROBIN WOOD LN CHAGRIN FALLS, OH 440239307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY PARISH401 NORTH ST CHARDON, OH 440241035	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
LAKE RIDGE ACADEMY 37501 CENTER RIDGE RD N RIDGEVILLE, OH 440392813	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	502
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
PEACEFUL PASTURES HORSE RESCUE 1594 S COUNTY LINE RD HARPERSFIELD, OH 440419321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTH EAST OHIO 1 GIRL SCOUT WAY MACEDONIA, OH 440562156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF NORTH EAST OHIO 1 GIRL SCOUT WAY MACEDONIA, OH 440562156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE HUMANE SOCIETY 7564 TYLER BLVD MENTOR, OH 440604840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOSE TO HOME ANIMAL RESCUE PO BOX 1061 MENTOR, OH 440611061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLOSE TO HOME ANIMAL RESCUE PO BOX 1061 MENTOR, OH 440611061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CLOSE TO HOME ANIMAL RESCUE PO BOX 1061 MENTOR, OH 440611061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOSE TO HOME ANIMAL RESCUE PO BOX 1061 MENTOR, OH 440611061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HOPE FOR KIDS OF GEAUGAPO BOX 21 NOVELTY, OH 440720021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF SUMMIT COUNTY FOU 7996 DARROW ROAD TWINSBURG, OH 440876822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY HOSPITALS HEALTH SYSTEM INSTITUTIONAL RELATIONS DEV PO BOX 94554 CLEVELAND, OH 441014554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY HOSPITALS HEALTH SYSTEM INSTITUTIONAL RELATIONS DEV PO BOX 94554 CLEVELAND, OH 441014554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE CLEVELAND, OH 441022815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY MISSION5310 CARNEGIE AVE CLEVELAND, OH 441034360	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
DRESS FOR SUCCESS CLEVELAND 2239 E 55TH ST CLEVELAND, OH 441034451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BENEDICTINE HIGH SCHOOL INCORPORATE 2900 MARTIN LUTHER KING JR DR CLEVELAND, OH 441044802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE HIGH SCHOOL INCORPORATE 2900 MARTIN LUTHER KING JR DR CLEVELAND, OH 441044802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BENEDICTINE HIGH SCHOOL INCORPORATE 2900 MARTIN LUTHER KING JR DR CLEVELAND, OH 441044802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNITED CEREBRAL PALSY ASSOCIATION O 10011 EUCLID AVENUE CLEVELAND, OH 441060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMICOS FOUNDATION INC 1325 ANSEL ROAD CLEVELAND, OH 441061079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 441061711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE LOC 7035 CLEVELAND, OH 441061712	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE LOC 7035 CLEVELAND, OH 441061712	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY HOSPITALS HEALTH SYSTEM 11100 EUCLID AVE CLEVELAND, OH 441061716	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 441061887	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND SOCIETY FOR THE BLIND 1909 E 101ST ST CLEVELAND, OH 441064110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE OF CLEVELAND 10415 EUCLID AVE CLEVELAND, OH 441064709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE OF CLEVELAND 10415 EUCLID AVE CLEVELAND, OH 441064709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEWOOD HISTORICAL SOCIETY 14710 LAKE AVENUE LAKEWOOD, OH 441070000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
BECK CENTER FOR THE ARTS 17801 DETROIT AVE LAKEWOOD, OH 441073413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
LAKEWOODALIVE 14701 DETROIT AVE STE LL10 LAKEWOOD, OH 441074109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH CHARTER SCHOOLS 10118 HAMPDEN AVE CLEVELAND, OH 441083538	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
SEEDS OF LITERACY 3104 W 25TH ST STE 3 CLEVELAND, OH 441091689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 441093132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 441093132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	99
HOSPICE OF THE WESTERN RESERVE INC 17876 SAINT CLAIR AVE CLEVELAND, OH 441102602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,065
ST JOSEPH ACADEMY 3470 ROCKY RIVER DRIVE CLEVELAND, OH 441112999	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW AVENUES TO INDEPENDENCE INC 17608 EUCLID AVE CLEVELAND, OH 441121216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LINKING EMPLOYMENT ABILITIES & POTE 2545 LORAIN AVE CLEVELAND, OH 441133102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHN HOUSING PARTNERS 2999 PAYNE AVE 306 CLEVELAND, OH 441140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CHN HOUSING PARTNERS 2999 PAYNE AVE 306 CLEVELAND, OH 441140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JAMES BLAKE FOUNDATION INC 1360 E 9TH ST STE 1100 CLEVELAND, OH 441141717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL SOCIETY OF ST VINC 1404 E NINTH ST 3RD FLR CLEVELAND, OH 441141740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST STE 1100 CLEVELAND, OH 441141786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL CLEVELAND 200 PUBLIC SQUARE CLEVELAND, OH 441142316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE SUITE 3103A CLEVELAND, OH 441144116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
KINNECT1427 E 36TH ST STE 4203F CLEVELAND, OH 441144170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 441151819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 441151819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 441151819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 441151819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDEASTREAM1375 EUCLID AVENUE CLEVELAND, OH 441151826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CUYAHOGA COMMUNITY COLLEGE FOUNDATI 700 CARNEGIE AVE CLEVELAND, OH 441152833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MAGNIFICAT HIGH SCHOOL 20770 HILLIARD BLVD ROCKY RIVER, OH 441163309	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIGHTS SCHOOLS FOUNDATION 2155 MIRAMAR BLVD UNIVERSITY HT, OH 441183301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FATHER ROBERT J MCAULEY SJ SCHOLARS 2470 MIRAMAR BLVD UNIVERSITY HTS, OH 441183820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JOHN CARROLL UNIVERSITY 1 JOHN CARROLL BOULEVARD UNIVERSITY HT, OH 441184520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEBREW ACADEMY OF CLEVELAND 1860 S TAYLOR RD CLEVELAND HTS, OH 441185300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
EDWINS SECOND CHANCE LIFE SKILLS CE 13101 SHAKER SQ CLEVELAND, OH 441202312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
DAILY DOSE OF READING 2054 S GREEN RD SOUTH EUCLID, OH 441214243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 441220000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	776
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 441220000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
MONTEFIORE FOUNDATION ONE DAVID N MYERS PARKWAY BEACHWOOD, OH 441220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEFIORE FOUNDATION ONE DAVID N MYERS PARKWAY BEACHWOOD, OH 441220000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY SCHOOL 20701 BRANTLEY RD SHAKER HTS, OH 441221929	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SHAKER CHARITABLE TR 3300 COURTLAND BLVD SHAKER HTS, OH 441222810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPH & FLORENCE MANDEL JEWISH DAY 26500 SHAKER BLVD BEACHWOOD, OH 441227116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
GIRAFFE CONSERVATION FOUNDATION USA PO BOX 24246 CLEVELAND, OH 441240246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INMOTION4829 GALAXY PKWY STE M WARRENSVL HTS, OH 441285955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INMOTION4829 GALAXY PKWY STE M WARRENSVL HTS, OH 441285955	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE CLEVELAND CLINIC FOUNDATION 6801 BRECKSVILLE RD STE 20 RK-85 INDEPENDENCE, OH 441315062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ELEONORE ROCKS FOUNDATION INC 14653 PEBBLESTONE CT STRONGSVILLE, OH 441368177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLON BENEVOLENT FUND INC PO BOX 391141 SOLON, OH 441398141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VILLAGE PROJECTPO BOX 40023 BAY VILLAGE, OH 441400023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUTH CHALLENGE800 SHARON DR WESTLAKE, OH 441451521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH CHALLENGE800 SHARON DR WESTLAKE, OH 441451521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WESTSIDE CHRISTIAN ACADEMY 23096 CENTER RIDGE RD WESTLAKE, OH 441453631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHURCH OF THE ASSUMPTION 9183 BROADVIEW RD BROADVIEW HTS, OH 441472514	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 441950001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 441950001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 441950001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGICAL THEATRE COMPANY 564 W TUSCARAWAS AVE STE 307 BARBERTON, OH 442038217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL BOWLING ASSOCIATION JUNIOR 7463 N MARBLEHEAD DR HUDSON, OH 442360000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WESTERN RESERVE ACADEMY 115 COLLEGE ST HUDSON, OH 442362926	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALESTINE CHILDRENS RELIEF FUND PO BOX 1926 KENT, OH 442400035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
KENT STATE UNIVERSITY FOUNDATION PO BOX 5190 KENT, OH 442420001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
KENT STATE UNIVERSITY FOUNDATION PO BOX 5190 KENT, OH 442420001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FOUNDATION FOR CDKL5 PO BOX 926 WADSWORTH, OH 442820926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 1601 S MAIN ST AKRON, OH 443011664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STAN HYWET HALL & GARDENS INC 714 N PORTAGE PATH AKRON, OH 443031363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET SUITE A AKRON, OH 443081973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HAVEN OF REST MINISTRIES INCORPORAT PO BOX 547 AKRON, OH 443090547	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
URBAN VISION749 BLAINE AVE AKRON, OH 443103035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF GREATER AKRON 703 S MAIN ST AKRON, OH 443111019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
REMEMBER NHUPO BOX 27000 AKRON, OH 443197000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,040
REMEMBER NHUPO BOX 27000 AKRON, OH 443197000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF SUMMIT COUN 2301 ROMIG RD AKRON, OH 443203824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY OF SUMMIT COUN 2301 ROMIG RD AKRON, OH 443203824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 443252603	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY GALLOP INC 1745 N HAMETOWN RD AKRON, OH 443331061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CREUTZFELDT-JAKOB DISEASE FOUNDATIO PO BOX 5312 AKRON, OH 443340312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FAIRLAWN ROTARY FOUNDATION INC PO BOX 13063 FAIRLAWN, OH 443348463	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST STE 26 WARREN, OH 444842259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST STE 26 WARREN, OH 444842259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
RESCUE MISSION OF MAHONING VALLEY PO BOX 298 YOUNGSTOWN, OH 445010298	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
HEART REACHPO BOX 778 YOUNGSTOWN, OH 445010778	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNGSTOWN STATE UNIVERSITY FOUNDAT 606 WICK AVE YOUNGSTOWN, OH 445021215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DIOCESE OF YOUNGSTOWN CATHOLIC CHAR 144 W WOOD ST YOUNGSTOWN, OH 445031030	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,675
DIOCESE OF YOUNGSTOWN CATHOLIC CHAR 144 W WOOD ST YOUNGSTOWN, OH 445031030	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOODBANK OF THE MAHO 2805 SALT SPRINGS RD YOUNGSTOWN, OH 445091037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT MKC7178 WEST BLVD STE E YOUNGSTOWN, OH 445124363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
PROJECT MKC7178 WEST BLVD STE E YOUNGSTOWN, OH 445124363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MOUNT UNION 1972 CLARK AVE ALLIANCE, OH 446013929	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
COLLEGE OF WOOSTER1189 BEALL AVE WOOSTER, OH 446910000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
COLLEGE OF WOOSTER1189 BEALL AVE WOOSTER, OH 446910000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A COMMUNITY CHRISTMAS PO BOX 20050 CANTON, OH 447010050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
ARTS IN STARK 900 CLEVELAND AVE NW CANTON, OH 447021812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
TIQVAH HANDS OF HOPEPO BOX 80213 CANTON, OH 447080213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIQVAH HANDS OF HOPE PO BOX 80213 CANTON, OH 447080213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
TIQVAH HANDS OF HOPE PO BOX 80213 CANTON, OH 447080213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
CANTON PRESERVATION SOCIETY 131 WERTZ AVE NW CANTON, OH 447084171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTON PRESERVATION SOCIETY 131 WERTZ AVE NW CANTON, OH 447084171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DRAGON DREAM TEAM 2405 BEVINGTON ST NW CANTON, OH 447092221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200A CANTON, OH 447092985	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	583
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200A CANTON, OH 447092985	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
REFUGE OF HOPE MINISTRIES PO BOX 9361 CANTON, OH 447119361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PATHWAY CARING FOR CHILDREN 4895 DRESSLER RD NW SUITE A CANTON, OH 447182543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUECOATS DRUM AND BUGLE CORPS 902 PERSHING AVE SE NORTH CANTON, OH 447203632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 448053702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 448053702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL L RUNYAN MEMORIAL TOURNAMEN 1321 TOWNSHIP ROAD 1656 ASHLAND, OH 448059491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
STEIN HOSPICE SERVICES INC 1200 SYCAMORE LINE SANDUSKY, OH 448704029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
TIFFIN UNIVERSITY155 MIAMI ST TIFFIN, OH 448832109	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIDELBERG UNIVERSITY 310 E MARKET ST TIFFIN, OH 448832434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CALVERT CATHOLIC SCHOOLS 152 MADISON ST TIFFIN, OH 448832825	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,325
CALVERT CATHOLIC SCHOOLS 152 MADISON ST TIFFIN, OH 448832825	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHLAND COMMUNITY DEVELOPMENT GROU 55 N MULBERRY ST MANSFIELD, OH 449021240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
RICHLAND NEWHOPE INDUSTRIES INC 150 E 4TH ST MANSFIELD, OH 449021520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	167
HUMANE SOCIETY OF RICHLAND COUNTY 3025 PARK AVE W ONTARIO, OH 449061043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESPAN INCORPORATED 1900 FAIRGROVE AVE RT 4 HAMILTON, OH 450111966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY FIRST SOLUTIONS 230 LUDLOW ST HAMILTON, OH 450112903	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT PEACE 7148 MILLERS MANOR CT LIBERTY TWP, OH 450116341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WARREN COUNTY FOUNDATION 118 E MAIN ST LEBANON, OH 450362228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WARREN COUNTY FOUNDATION 118 E MAIN ST LEBANON, OH 450362228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK 2 BACK MINISTRIES INC PO BOX 70 MASON, OH 450400070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ONECITY AGAINST HEROIN INC 990 READING RD MASON, OH 450401361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ONESIGHT4000 LUXOTTICA PL MASON, OH 450408114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMANIAONE INC 5947 DEERFIELD BLVD SUITE 202 MASON, OH 450408833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
ROMANIAONE INC 5947 DEERFIELD BLVD SUITE 202 MASON, OH 450408833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BLUE SKIES FOR THE GOOD GUYS & GALS 1707 RUNWAY DRIVE MIDDLETOWN, OH 450420000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI DELTA THETA FOUNDATION 2 S CAMPUS AVE OXFORD, OH 450561801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PHI DELTA THETA FOUNDATION 2 S CAMPUS AVE OXFORD, OH 450561801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HILLEL THE FOUNDATION FOR JEWISH CA 11 E WALNUT ST OXFORD, OH 450561835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY501 E HIGH ST OXFORD, OH 450561846	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
MIAMI UNIVERSITY501 E HIGH ST OXFORD, OH 450561846	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
MIAMI UNIVERSITY501 E HIGH ST OXFORD, OH 450561846	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY501 E HIGH ST OXFORD, OH 450561846	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
CARE2SHAREPO BOX 911 WEST CHESTER, OH 450710911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
LEAGUE FOR ANIMAL WELFARE 4193 TAYLOR RD BATAVIA, OH 451039792	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE EMERGENCY PROGRAM PO BOX 214 FAYETTEVILLE, OH 451180214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CINCINNATI SELECT BASEBALL CLUB OF 6679 SANDY SHORES DRIVE LOVELAND, OH 451406220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CINCINNATI TEEN CHALLENGE INC PO BOX 249 MILFORD, OH 451500249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI TEEN CHALLENGE INC PO BOX 249 MILFORD, OH 451500249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CATHOLIC COMMUNITY FOUNDATION FOR T 100 E 8TH ST CINCINNATI, OH 452022129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY OF CINCINNA 407 VINE STREET SUITE 190 CINCINNATI, OH 452022853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CINCINNATI REDS COMMUNITY FUND 100 MAIN STREET CINCINNATI, OH 452024109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
VITAS COMMUNITY CONNECTION 255 E 5TH ST STE 2600 CINCINNATI, OH 452024138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR DAILY BREAD1730 RACE STREET CINCINNATI, OH 452026493	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ART OPPORTUNITIES INC 20 E CENTRAL PKWY CINCINNATI, OH 452027239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
OVER THE RHINE COMMUNITY HOUSING 114 W 14TH ST CINCINNATI, OH 452027506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVER THE RHINE COMMUNITY HOUSING 114 W 14TH ST CINCINNATI, OH 452027506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
CINCINNATI OPERA ASSOCIATION 1243 ELM ST CINCINNATI, OH 452027531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI, OH 452027531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI, OH 452027531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	757
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,479
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ADOPT A CLASS FOUNDATION 2153 W 8TH ST CINCINNATI, OH 452042051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HIGH SCHOOL 3901 GLENWAY AVENUE CINCINNATI, OH 452051431	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
SETON HIGH SCHOOL 3901 GLENWAY AVENUE CINCINNATI, OH 452051431	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
SETON HIGH SCHOOL 3901 GLENWAY AVENUE CINCINNATI, OH 452051431	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
SPRINGER SCHOOL & CENTER 2121 MADISON RD CINCINNATI, OH 452083220	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4420 CARVER WOODS DRIVE BLUE ASH, OH 452085242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROSSROADS COMMUNITY CHURCH 3500 MADISON RD CINCINNATI, OH 452091120	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
TOOLBANK USA INC2001 CENTRAL AVE CINCINNATI, OH 452142211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI PUBLIC RADIO INC 1223 CENTRAL PKWY CINCINNATI, OH 452142812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER CINCINNATI TELEVISION EDUCA 1223 CENTRAL PKWY CINCINNATI, OH 452142812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	443
CURE STARTS NOW INC 10280 CHESTER RD CINCINNATI, OH 452151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALCOHOLISM COUNCIL OF CINCINNATI AR 2828 VERNON PL CINCINNATI, OH 452192414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CLIFTON CULTURAL ARTS CENTER PO BOX 20041 CINCINNATI, OH 452200041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE SISTERS OF THE POOR OF CINCI 476 RIDDLE RD CINCINNATI, OH 452202411	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKING IN NEIGHBORHOODS 1814 DREMAN AVENUE CINCINNATI, OH 452232319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	360
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVE CINCINNATI, OH 452242398	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ST URSULA VILLA SCHOOL 3660 VINEYARD PLACE CINCINNATI, OH 452261727	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
ST URSULA VILLA SCHOOL 3660 VINEYARD PLACE CINCINNATI, OH 452261727	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST URSULA VILLA SCHOOL 3660 VINEYARD PLACE CINCINNATI, OH 452261727	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 5211 MADISON RD CINCINNATI, OH 452271411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN HEART ASSOCIATION INC 5211 MADISON RD CINCINNATI, OH 452271411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5211 MADISON RD CINCINNATI, OH 452271411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 5211 MADISON RD CINCINNATI, OH 452271411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CANCER FAMILY CARE INC 4790 RED BANK RD STE 128 CINCINNATI, OH 452271509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIEMONT RECREATION ASSOCIATION 3600 MOUND WAY CINCINNATI, OH 452274420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UC HEALTH FOUNDATION 3200 BURNET AVE CINCINNATI, OH 452293019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 452302004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ARCHBISHOP MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 452302004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ARCHBISHOP MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 452302004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4910 PARA DRIVE CINCINNATI, OH 452375012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
LA SALLE HIGH SCHOOL 3091 NORTH BEND ROAD CINCINNATI, OH 452397637	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI, OH 452414833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI, OH 452414833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ARCH BISHOP MOELLER HIGH SCHOOL 9001 MONTGOMERY ROAD CINCINNATI, OH 452427711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
MATTHEW 25 MINISTRIES INC 11060 KENWOOD RD CINCINNATI, OH 452421816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4440 LAKE FOREST DR STE 120 CINCINNATI, OH 452426758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,453
MARCH OF DIMES INC 10806 KENWOOD ROAD CINCINNATI, OH 452428340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE OF SOUTHWEST OHIO FOUNDATIO 7625 CAMARGO ROAD SUITE 200 CINCINNATI, OH 452433107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURPIN THEATRE BOOSTER ASSOCIATION 2650 BARTELS RD CINCINNATI, OH 452444009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
TURPIN HIGH SCHOOL PTO 2650 BARTELS RD CINCINNATI, OH 452444009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
TURPIN BAND BOOSTERS 2650 BARTELS RD CINCINNATI, OH 452444009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RETT SYNDROME FOUNDAT 4600 DEVITT DR CINCINNATI, OH 452461104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOME MISSIONERS OF AMERICA PO BOX 465618 CINCINNATI, OH 452465618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
EB HOPE FOUNDATION 6023 POND VIEW CT CINCINNATI, OH 452475867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILLS HIGH SCHOOL 3200 EBENEZER RD CINCINNATI, OH 452484038	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	800
SOPHIES ANGEL RUN INC 6513 GREENOAK DR CINCINNATI, OH 452481413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ERICA J HOLLOMAN FOUNDATION PO BOX 14334 CINCINNATI, OH 452500334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE HEART OF MARY SCHOOL 7800 BEECHMONT AVENUE CINCINNATI, OH 452554208	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
HOPE FOR HAITIS CHILDREN MINISTRIES PO BOX 62328 CINCINATTI, OH 452620328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
NATIONAL AMBUCS INCPO BOX 1 ALPHA, OH 453010001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANES BASEBALL CORPORATION 1290 GRANITE PEAK WAY MIAMISBURG, OH 453424053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
VANDALIA YOUTH THEATRE COMPANY PO BOX 246 VANDALIA, OH 453770246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VANDALIA YOUTH THEATRE COMPANY PO BOX 246 VANDALIA, OH 453770246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 118 W FIRST ST SUITE 300 DAYTON, OH 454021105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 118 W FIRST ST SUITE 300 DAYTON, OH 454021105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SINCLAIR COMMUNITY COLLEGE FOUNDATI 444 W 3RD ST DAYTON, OH 454021421	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYBREAK INC605 S PATTERSON BLVD DAYTON, OH 454022649	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DAYBREAK INC605 S PATTERSON BLVD DAYTON, OH 454022649	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC SOCIAL SERVICES 922 W RIVERVIEW AVE DAYTON, OH 454026424	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC SOCIAL SERVICES 922 W RIVERVIEW AVE DAYTON, OH 454026424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	175
DAYTON CHILDRENS HOSPITAL 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
DAYTON CHILDRENS HOSPITAL 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
DAYTON CHILDRENS HOSPITAL 1 CHILDRENS PLZ DAYTON, OH 454041898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
DAYTON CHILDRENS HOSPITAL 1 CHILDRENS PLZ DAYTON, OH 454041898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE ENRICHMENT CENTER 425 N FINDLAY ST DAYTON, OH 454042203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 115 W RIVERVIEW AVE DAYTON, OH 454054840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 115 W RIVERVIEW AVE DAYTON, OH 454054840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON SOCIETY OF NATURAL HISTORY D 2600 DEWEESE PKWY DAYTON, OH 454145400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DAYTON SOCIETY OF NATURAL HISTORY D 2600 DEWEESE PKWY DAYTON, OH 454145400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LEARNING TREE FARM INC 3376 S UNION RD DAYTON, OH 454175333	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON, OH 454176714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON, OH 454176714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON, OH 454176714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF DAYTON FOUNDATION 324 WILMINGTON AVENUE DAYTON, OH 454201890	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
HOSPICE OF DAYTON FOUNDATION 324 WILMINGTON AVENUE DAYTON, OH 454201890	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
CRAYONS TO CLASSROOMS 1750 WOODMAN DRIVE DAYTON, OH 454203639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON FOUNDATION DEPOSITORY 40 N MAIN ST STE 500 DAYTON, OH 454231038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SECRET SMILES OF DAYTON INC PO BOX 291903 DAYTON, OH 454290903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ARCHBISHOP ALTER HIGH SCHOOL 940 E DAVID RD KETTERING, OH 454295512	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP ALTER HIGH SCHOOL 940 E DAVID RD KETTERING, OH 454295512	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SOURCE OF HOPE MINISTRIES PO BOX 293099 KETTERING, OH 454299099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOURCE OF HOPE MINISTRIES PO BOX 293099 KETTERING, OH 454299099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIR FORCE MUSEUM FOUNDATION INC PO BOX 33624 DAYTON, OH 454330624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CENTERVILLE EDUCATION FOUNDATION IN 111 VIRGINIA AVE DAYTON, OH 454582249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
INCARNATION CATHOLIC SCHOOL 45 WILLIAMSBURG LANE DAYTON, OH 454594218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INCARNATION CATHOLIC SCHOOL 45 WILLIAMSBURG LANE DAYTON, OH 454594218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CENTERVILLE HIGH SCHOOL 500 E FRANKLIN ST CENTERVILLE, OH 454595714	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	35
DR JOHN HOLE PARENT TEACHER ORGANIZ 180 W WHIPP RD DAYTON, OH 454591856	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DR JOHN HOLE PARENT TEACHER ORGANIZ 180 W WHIPP RD CENTERVILLE, OH 454591856	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HANNAHS TREASURE CHEST 124 WESTPARK RD CENTERVILLE, OH 454594815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
WITTENBERG COLLEGE BOARD OF DIRECTO PO BOX 720 SPRINGFIELD, OH 455010720	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITTENBERG COLLEGE BOARD OF DIRECTO PO BOX 720 SPRINGFIELD, OH 455010720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	366
WITTENBERG COLLEGE BOARD OF DIRECTO PO BOX 720 SPRINGFIELD, OH 455010720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
HUMANE SOCIETY OF THE OHIO VALLEY 90 MOUNT TOM RD MARIETTA, OH 457506814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR APPALACHIAN OHIO 35 PUBLIC SQ NELSONVILLE, OH 457641132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BLANCHARD VALLEY HEALTH FOUNDATION 1900 S MAIN ST FINDLAY, OH 458401214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
CENTER FOR SAFE AND HEALTHY CHILDRE 1900 CHAPEL DR FINDLAY, OH 458401296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2100 BROAD AVE FINDLAY, OH 458402748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 2100 BROAD AVE FINDLAY, OH 458402748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HANCOCK HISTORICAL MUSEUM ASSOCIATI 422 W SANDUSKY ST FINDLAY, OH 458403222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 458403695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 458403695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
CANCER PATIENT SERVICES 1800 N BLANCHARD ST FINDLAY, OH 458404503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF FINDLAY 1800 TIFFIN AVE STE 201 FINDLAY, OH 458406792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY FOUNDATION OF HANCOC 4550 FOSTORIA AVE FINDLAY, OH 458409755	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CARMEL CLAY PUBLIC LIBRARY FOUNDATI 55 4TH AVE SE CARMEL, IN 460322278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CLAY PUBLIC LIBRARY FOUNDATI 55 4TH AVE SE CARMEL, IN 460322278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALPHA SIGMA PHI FOUNDATION INC 710 ADAMS ST CARMEL, IN 460327541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIFT OF WATER INC 1025 PINE HILL WAY CARMEL, IN 460327701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHVIEW CHRISTIAN LIFE CHURCH INC 12900 HAZEL DELL PKWY CARMEL, IN 460334665	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
SOUTHEASTERN SWIM CLUB INCORPORATED PO BOX 327 FISHERS, IN 460380327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMILTON SOUTHEASTERN SCHOOLS FOUND 13485 CUMBERLAND RD FISHERS, IN 460383602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOOD SAMARITAN NETWORK OF HAMILTONC 12933 PARKSIDE DR FISHERS, IN 460383864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HUMANE SOCIETY FOR HAMILTON COUNTY 1721 PLEASANT ST NOBLESVILLE, IN 460603621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR HAMILTON COUNTY 1721 PLEASANT ST NOBLESVILLE, IN 460603621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL DISASTER EMERGENCY SE PO BOX 379 NOBLESVILLE, IN 460610379	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HAMILTON COUNTY HARVEST FOOD BANK I PO BOX 881 NOBLESVILLE, IN 460610881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JANUS DEVELOPMENTAL SERVICES INC 1555 WESTFIELD RD NOBLESVILLE, IN 460626826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EVERY DOG COUNTS RESCUE PO BOX 108 ZIONSVILLE, IN 460770108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CARMEL KLAVIER INCPO BOX 322 CARMEL, IN 460820322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWNSBURG EDUCATION FOUNDATION INC 310 SOUTH STADIUM DRIVE BROWNSBURG, IN 461121414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MISTY EYES DOG SHELTER & HUMANE EDU PO BOX 1202 BROWNSBURG, IN 461125202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MISTY EYES DOG SHELTER & HUMANE EDU PO BOX 1202 BROWNSBURG, IN 461125202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDRICKS REGIONAL HEALTH FOUNDATIO 1000 E MAIN ST DANVILLE, IN 461221948	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
HENDRICKS REGIONAL HEALTH FOUNDATIO 1000 E MAIN ST DANVILLE, IN 461221948	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CAMPING FOUNDATION INC 5000 STATE ROAD 67 N MARTINSVILLE, IN 461517903	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION AGAINST COMPANION ANIMAL 1505 MASSACHUSETTS AVE INDIANAPOLIS, IN 462011038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FOUNDATION AGAINST COMPANION ANIMAL 1505 MASSACHUSETTS AVE INDIANAPOLIS, IN 462011038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
JULIAN CENTER INC 2011 N MERIDIAN ST INDIANAPOLIS, IN 462021305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE RED DOOR CANCER AGENCY INC 1801 N MERIDIAN ST INDIANAPOLIS, IN 462021411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LITTLE RED DOOR CANCER AGENCY INC 1801 N MERIDIAN ST INDIANAPOLIS, IN 462021411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
PHOENIX THEATRE INC 705 N ILLINOIS ST INDIANAPOLIS, IN 462023432	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX THEATRE INC 705 N ILLINOIS ST INDIANAPOLIS, IN 462023432	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
RILEY CHEER GUILD INC 702 BARNHILL DRIVE NO 4510 INDIANAPOLIS, IN 462025109	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
RILEY CHEER GUILD INC 702 BARNHILL DRIVE NO 4510 INDIANAPOLIS, IN 462025109	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE MENTORS FOR KIDS INC 212 W 10TH ST STE B260 INDIANAPOLIS, IN 462025405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLLEGE MENTORS FOR KIDS INC 212 W 10TH ST STE B260 INDIANAPOLIS, IN 462025405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
COLLEGE MENTORS FOR KIDS INC 212 W 10TH ST STE B260 INDIANAPOLIS, IN 462025405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN ST INDIANAPOLIS, IN 462041108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN ST INDIANAPOLIS, IN 462041108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ENROLL INDY INC120 E WALNUT ST INDIANAPOLIS, IN 462041312	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEELER MISSION MINISTRIES INC 205 E NEW YORK ST INDIANAPOLIS, IN 462042114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INDIANAPOLIS SYMPHONY ORCHESTRA FOU 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 462042919	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	180
GREATER INDIANAPOLIS PROGRESS COMMI 200 E WASHINGTON ST SUITE 1901 INDIANAPOLIS, IN 462043307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER INDIANAPOLIS PROGRESS COMMI 200 E WASHINGTON ST SUITE 1901 INDIANAPOLIS, IN 462043307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
INDIANA REPERTORY THEATRE INC 140 WEST WASHINGTON ST INDIANAPOLIS, IN 462043417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
INDIANA REPERTORY THEATRE INC 140 WEST WASHINGTON ST INDIANAPOLIS, IN 462043417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,435
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,485
INDIANA STATE SYMPHONY SOCIETY INC 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 462043513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA STATE SYMPHONY SOCIETY INC 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 462043513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,500
16 TECH COMMUNITY CORPORATION 111 MONUMENT CIR STE 1800 INDIANAPOLIS, IN 462045129	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	40,000
COBURN PLACE SAFEHAVEN II INC 604 EAST 38TH STREET INDIANAPOLIS, IN 462052798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	989
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TINDLEY ACCELERATED SCHOOLS INC 3960 MEADOWS DR INDIANAPOLIS, IN 462053114	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
INDIANAPOLIS NEIGHBORHOOD HOUSING P 3550 WASHINGTON BLVD INDIANAPOLIS, IN 462053719	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
KENTUCKIANA PUG RESCUE PO BOX 2773 INDIANAPOLIS, IN 462062773	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANAPOLIS MUSEUM OF ART INC 4000 MICHIGAN RD INDIANAPOLIS, IN 462083326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
CHILDRENS MUSEUM OF INDIANAPOLIS IN 3000 N MERIDIAN ST INDIANAPOLIS, IN 462084716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS MUSEUM OF INDIANAPOLIS IN 3000 N MERIDIAN ST INDIANAPOLIS, IN 462084716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM GUILD INC 3000 N MERIDIAN ST INDIANAPOLIS, IN 462084716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS MUSEUM GUILD INC 3000 N MERIDIAN ST INDIANAPOLIS, IN 462084716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ST BARNABAS SCHOOL 8300 RAHKE ROAD INDIANAPOLIS, IN 462174951	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE INC7701 E 21ST ST INDIANAPOLIS, IN 462192406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEDALS4METTLE INCORPORATED 1400 N RITTER AVE STE 221 INDIANAPOLIS, IN 462193046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MARINE FOUNDATION OF INDIANA INC 550 S AUDUBON RD INDIANAPOLIS, IN 462198110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANSFIELD CIRCLE INC 1311 KESSLER BLVD E DR INDIANAPOLIS, IN 462202744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
SCHOOL ON WHEELS CORP 2605 EAST 62ND STREET SUITE 2005 INDIANAPOLIS, IN 462202965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARIAN UNIVERSITY 3200 COLD SPRING RD INDIANAPOLIS, IN 462221960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS & HANDS OF INDIANA CORPORATI 337 N WARMAN AVE INDIANAPOLIS, IN 462224079	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
INDIANAPOLIS ZOOLOGICAL SOCIETY INC 1200 W WASHINGTON ST INDIANAPOLIS, IN 462224552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF INDIANA AND K 200 S MERIDIAN ST STE 400 INDIANAPOLIS, IN 462251076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONCALLI HIGH SCHOOL 3300 PRAGUE ROAD INDIANAPOLIS, IN 462277010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
RONCALLI HIGH SCHOOL 3300 PRAGUE ROAD INDIANAPOLIS, IN 462277010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
PSI UPSILON FOUNDATION INC 3003 E 96TH ST INDIANAPOLIS, IN 462401357	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PSI UPSILON FOUNDATION INC 3003 E 96TH ST INDIANAPOLIS, IN 462401357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PHI SIGMA KAPPA FOUNDATION INCORPOR 2925 E 96TH ST INDIANAPOLIS, IN 462401368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 462417234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA CHI OMEGA FOUNDATION INC 5939 CASTLE CREEK PARKWAY NORTH INDIANAPOLIS, IN 462504343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LITTLE WISH FOUNDATION INC PO BOX 502487 INDIANAPOLIS, IN 462507487	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALPHA KAPPA PSI FOUNDATION 7801 E 88TH ST INDIANAPOLIS, IN 462561233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 7125 FALL CREEK RD NORTH INDIANAPOLIS, IN 462563167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
BOY SCOUTS OF AMERICA 7125 FALL CREEK RD NORTH INDIANAPOLIS, IN 462563167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 7125 FALL CREEK RD NORTH INDIANAPOLIS, IN 462563167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF INDIANAPOLIS ANIMAL CARE 7543 PINESPRINGS EAST DR INDIANAPOLIS, IN 462564016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE TATUM PARKER PROJECT INC 1341 KIRKHAM LN INDIANAPOLIS, IN 462601638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FEDERATION OF GREATER INDIAN 6705 HOOVER RD INDIANAPOLIS, IN 462604120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA GAMMA DELTA FOUNDATION INC 8710 N MERIDIAN STREET INDIANAPOLIS, IN 462605389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS RD INDIANAPOLIS, IN 462681337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS RD INDIANAPOLIS, IN 462681337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA UPSILON EDUCATIONAL FOUNDATIO 8705 FOUNDERS RD INDIANAPOLIS, IN 462681338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,009
HUMANE SOCIETY OF INDIANAPOLIS INC 7929 N MICHIGAN ROAD INDIANOPLIS, IN 462681915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	243
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
JOSEPH MALEY FOUNDATION INC PO BOX 681010 INDIANAPOLIS, IN 462687010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPH MALEY FOUNDATION INC PO BOX 681010 INDIANAPOLIS, IN 462687010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
INDIANA SPECIAL OLYMPICS INC 6200 TECHNOLOGY CENTER DR STE 105 INDIANAPOLIS, IN 462786005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PLANTING POSSIBILITIESPO BOX 1805 HIGHLAND, IN 463220805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN GREYHOUND INC PO BOX 598 HOBART, IN 463420598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIEDS CAT SHELTER INCPO BOX 241 MICHIGAN CITY, IN 463610241	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FAMILY HOUSE INC 610 GLENDALE BLVD VALPARAISO, IN 463833115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALPARAISO UNIVERSITY GUILD INC 1100 CAMPUS DR VALPARAISO, IN 463834512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
BOYS & GIRLS CLUB OF GREATER NORTHW PO BOX 254 VALPARAISO, IN 463840254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF GREATER NORTHW PO BOX 254 VALPARAISO, IN 463840254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEELER HIGH SCHOOL587 W 300 N VALPARAISO, IN 463859213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
WHEELER HIGH SCHOOL587 W 300 N VALPARAISO, IN 463859213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
SECOND CHANCE 4 PETS NETWORK 622 117TH PL WHITING, IN 463941433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN FAITH WORKS INC PO BOX 64413 GARY, IN 464010413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE METHODIST HOSPITALS FOUNDATION 600 GRANT ST GARY, IN 464026001	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
BOYS & GIRLS CLUBS OF NORTHWEST IND 8392 MISSISSIPPI STREET 2ND FLOOR MERRIVILLE, IN 464106316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 465150968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 465150968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 465150968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
GOSHEN COLLEGE INC1700 S MAIN ST GOSHEN, IN 465264724	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
GOSHEN COLLEGE INC1700 S MAIN ST GOSHEN, IN 465264724	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF ELKHART COUNT PO BOX 614 GOSHEN, IN 465270614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LAKE TIPPECANOE PROPERTY OWNERS INC PO BOX 224 LEESBURG, IN 465380224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HANNAHS HOUSE INC518 W 4TH ST MISHAWAKA, IN 465440000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ST JOSEPH COUNTY 2506 GRAPE RD MISHAWAKA, IN 465453004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SCHOLARSHIP FDN OF ST JOSEPH COUNTY 3515 N MAIN ST STE C MISHAWAKA, IN 465458326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TIPPECANOE ENVIRONMENTAL LAKE & WAT PO BOX 55 NORTH WEBSTER, IN 465550055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 724 GRACE HALL NOTRE DAME, IN 465560000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250,000
UNIVERSITY OF NOTRE DAME DU LAC 724 GRACE HALL NOTRE DAME, IN 465560000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250,000
HOLY CROSS VILLAGE FOUNDATION INC 54515 STATE ROAD 933 NORTH NOTRE DAME, IN 465560000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,500
UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,560
UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
CASA OF KOSCIUSKO COUNTY INC 121 N LAKE ST WARSAW, IN 465802749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GRACE SCHOOLS200 SEMINARY DR WINONA LAKE, IN 465901224	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIANA PUBLIC BROADCASTING CORPOR 300 W JEFFERSON BLVD SOUTH BEND, IN 466011513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTH BEND ROTARY CHARITABLE FOUNDA 108 W COLFAX AVE SOUTH BEND, IN 466011602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STUDEBAKER NATIONAL MUSEUM INC 201 S CHAPIN STREET SOUTH BEND, IN 466012521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDEBAKER NATIONAL MUSEUM INC 201 S CHAPIN STREET SOUTH BEND, IN 466012521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REAL SERVICES INC 1151 S MICHIGAN ST SOUTH BEND, IN 466013427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS ST SOUTH BEND, IN 466013514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROFESSIONAL ANIMAL RETIREMENT CENT PO BOX 2 ALBION, IN 467010002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANGOLA MIDDLE SCHOOL 1350 E MAUMEE ST ANGOLA, IN 467039207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GREAT LAKES WESTIE RESCUE INC 5843 STATE ROAD 205 GARRETT, IN 467389733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT LAKES WESTIE RESCUE INC 5843 STATE ROAD 205 GARRETT, IN 467389733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DAN QUAYLE COMMEMORATIVE FOUNDATION 815 WARREN ST HUNTINGTON, IN 467502151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MATTHEW 25 INC 413 E JEFFERSON BLVD FORT WAYNE, IN 468023201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 8315 W JEFFERSON BLVD FORT WAYNE, IN 468048302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
BOY SCOUTS OF AMERICA 8315 W JEFFERSON BLVD FORT WAYNE, IN 468048302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TURNSTONE CENTER FOR CHILDREN AND A 3320 N CLINTON ST FORT WAYNE, IN 468051918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIGHTY ACORN FOUNDATION INC 1345 WESTOVER RD FORT WAYNE, IN 468072557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JESUS IN HAITI MINISTRIES INC 6066 E STATE BLVD FORT WAYNE, IN 468157639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF NORTHERN INDI 601 NOBLE DR FORT WAYNE, IN 468255544	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BONA VISTA PROGRAMS INC PO BOX 2496 KOKOMO, IN 469042496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANCHESTER UNIVERSITY INC 604 E COLLEGE AVE N MANCHESTER, IN 469621276	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
CENTER FOR LAY MINISTRIES INC 213 E MAPLE ST JEFFERSONVILLE, IN 471300000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	883
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR LAY MINISTRIES INC 213 E MAPLE ST JEFFERSONVILLE, IN 471300000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UPLANDS PEAK SANCTUARY INC 4205 W GRANDVIEW RD SALEM, IN 471678276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR HOSPICE OF SOUTH CENTRAL INDIAN 2626 17TH ST COLUMBUS, IN 472015417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CELLO INSTITUTE INCORPORAT 2717 S OLCOTT BLVD BLOOMINGTON, IN 474014416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CELLO INSTITUTE INCORPORAT 2717 S OLCOTT BLVD BLOOMINGTON, IN 474014416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUB OF BLOOMINGTON PO BOX 1716 BLOOMINGTON, IN 474021716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY 400 E 7TH ST RM 501 BLOOMINGTON, IN 474053004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
DUBOIS COUNTY MUSEUM INC 2704 NEWTON ST JASPER, IN 475461332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUBOIS COUNTY HUMANE SOCIETY INC PO BOX 408 JASPER, IN 475470408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DUBOIS COUNTY HUMANE SOCIETY INC PO BOX 408 JASPER, IN 475470408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOOD SAMARITAN HOSPITAL FOUNDATION 520 S 7TH ST VINCENNES, IN 475911038	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSVILLE PHILHARMONIC ORCHESTRA PO BOX 84 EVANSVILLE, IN 477010084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EVANSVILLE ARC INC 615 W VIRGINIA ST EVANSVILLE, IN 477101615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EVANSVILLE ARC INC 615 W VIRGINIA ST EVANSVILLE, IN 477101615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAN SCISM SCHOLARSHIP FOUNDATION IN 601 PFEIFFER RD EVANSVILLE, IN 477113153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF SOUTHERN INDIANA FOUN 8600 UNIVERSITY BOULEVARD EVANSVILLE, IN 477120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CARVER COMMUNITY ORGANIZATION INC 400 SE 8TH ST EVANSVILLE, IN 477131819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMPION CENTER INC 655 S HEBRON AVENUC EVANSVILIE, IN 477140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAMPION CENTER INC 655 S HEBRON AVENUC EVANSVILIE, IN 477140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,660
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
HOLY ROSARY SCHOOL 1303 S GREEN RIVER ROAD EVANSVILLE, IN 477155617	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION ALLIANCE INC 5000 E VIRGINIA ST STE 4 EVANSVILLE, IN 477152672	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
UNCHARTED INTERNATIONAL INC 400 S GREEN RIVER RD EVANSVILLE, IN 477157307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
UNCHARTED INTERNATIONAL INC 400 S GREEN RIVER RD EVANSVILLE, IN 477157307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 4424 VOGEL RD STE 205 EVANSVILLE, IN 477159002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAINT-MARY-OF-THE-WOODS COLLEGE 102 GUERIN HALL SAINT MARY OF THE WOOD, IN 478760000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MENTAL HEALTH AMERICA OF TIPPECANOE 914 SOUTH ST LAFAYETTE, IN 479011416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP LAFAYETTE INC PO BOX 682 LAFAYETTE, IN 479020682	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
WEST LAFAYETTE SCHOOLS EDUCTIONFOUN 1130 N SALISBURY ST W LAFAYETTE, IN 479062447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
WEST LAFAYETTE SCHOOLS EDUCTIONFOUN 1130 N SALISBURY ST W LAFAYETTE, IN 479062447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE ALUMNI ASSOCIATION INC MEMOR 403 W WOOD ST W LAFAYETTE, IN 479072007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WABASH COLLEGEPO BOX 352 CRAWFORDSVILLE, IN 479330352	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
WABASH COLLEGEPO BOX 352 CRAWFORDSVILLE, IN 479330352	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WABASH COLLEGEPO BOX 352 CRAWFORDSVILLE, IN 479330352	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE WALSH COLLEGE FOUNDATION PO BOX 7006 TROY, MI 480077006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
THE WALSH COLLEGE FOUNDATION PO BOX 7006 TROY, MI 480077006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WALSH COLLEGE FOUNDATION PO BOX 7006 TROY, MI 480077006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
BEAUMONT HEALTH FOUNDATION PO BOX 5802 TROY, MI 480079627	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
ETON ACADEMY1755 E MELTON RD BIRMINGHAM, MI 480097277	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUTANEOUS LYMPHOMA FOUNDATION INC PO BOX 374 BIRMINGHAM, MI 480120374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
IMPACT 100 DETROITPO BOX 1138 BIRMINGHAM, MI 480121138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
RYAN ROCKS OUTDOOR ADVENTURES INC 277 MASSOIT ST CLAWSON, MI 480172044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVE EASTPOINTE, MI 480212227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OUR LADY QUEEN OF MARTYRS 32460 PIERCE STREET BEVERLY HILLS, MI 480254121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	725
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD STE 150 BINGHAM FARMS, MI 480255819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD STE 150 BINGHAM FARMS, MI 480255819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD STE 150 BINGHAM FARMS, MI 480255819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,680
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,945
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,305
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,980
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
HELPING HAND FOR RELIEF & DEVELOPME 21199 HILLTOP ST SOUTHFIELD, MI 480334912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	780
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SUITE 110 SOUTHFIELD, MI 480337497	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SUITE 110 SOUTHFIELD, MI 480337497	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRINITY LUTHERAN SCHOOL 38900 HARPER AVENUE CLINTON TOWNSHIP, MI 480363222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY LUTHERAN SCHOOL 38900 HARPER AVENUE CLINTON TOWNSHIP, MI 480363222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ERIE ELEMENTARY SCHOOL 42276 ROMEO PLANK ROAD CLINTON TOWNSHIP, MI 480382194	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	455
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CITYLIGHT18 1ST ST MOUNT CLEMENS, MI 480432523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
IMMANUEL LUTHERAN SCHOOL 47120 ROMEO PLANK ROAD MACOMB, MI 480442809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMANUEL LUTHERAN SCHOOL 47120 ROMEO PLANK ROAD MACOMB, MI 480442809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ROYAL OAK MIDDLE SCHOOL 709 N WASHINGTON AVE ROYAL OAK, MI 480671735	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD ROYAL OAK, MI 480673001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD ROYAL OAK, MI 480673001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MADISON HEIGHTS YOUTH SOCCER ASSOCI PO BOX 71161 MADISON HTS, MI 480710161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUDSON CENTER INC 4410 W 13 MILE RD ROYAL OAK, MI 480736515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDSON CENTER INC 4410 W 13 MILE RD ROYAL OAK, MI 480736515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUDSON CENTER INC 4410 W 13 MILE RD ROYAL OAK, MI 480736515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BEAUMONT HEALTH FOUNDATION 3711 W 13 MILE RD ROYAL OAK, MI 480736767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGBU ALEX-MARIE MANOOGIAN SCHOOL 22001 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 480754001	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	5,000
AHAVAS OLAM WEINGARDEN TORAH CENTER 16083 HILTON ST SOUTHFIELD, MI 480752039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
AHAVAS OLAM WEINGARDEN TORAH CENTER 16083 HILTON ST SOUTHFIELD, MI 480752039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,375
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,175
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,437
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,638
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
MICHIGAN FOR VACCINE CHOICE 22615 FRANCIS ST ST CLR SHORES, MI 480821791	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MICHIGAN FOR VACCINE CHOICE 22615 FRANCIS ST ST CLR SHORES, MI 480821791	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALDEAN AMERICAN LADIES OF CHARITY 2033 AUSTIN DRIVE TROY, MI 480832231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	729
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROY GARDEN CLUBPO BOX 833 TROY, MI 480990833	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KINGDOM KIDS HOMESPO BOX 984 TROY, MI 480990984	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KINGDOM KIDS HOMESPO BOX 984 TROY, MI 480990984	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VEAHAVTA4420 JACKSON RD ANN ARBOR, MI 481031834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANN ARBOR SKYLINE ATHLETIC BOOSTER 2552 N MAPLE RD ANN ARBOR, MI 481032155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BACH PTO600 W JEFFERSON ST ANN ARBOR, MI 481034822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CHILD CARE USA INC 1100 N MAIN ST STE 103D ANN ARBOR, MI 481041072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 1600 WASHINGTON ANN ARBOR, MI 481041700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 1600 WASHINGTON ANN ARBOR, MI 481041700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEUTRAL ZONE310 E WASHINGTON ST ANN ARBOR, MI 481042010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CANCER SUPPORT COMMUNITY OF GREATER 2010 HOGBACK RD STE 3 ANN ARBOR, MI 481059749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MICHIGAN OVARIAN CANCER ALLIANCE 5181 PINNACLE CT ANN ARBOR, MI 481088658	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 1169 OAK VALLEY DR ANN ARBOR, MI 481089674	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL KIDNEY FOUNDATION INC 1169 OAK VALLEY DR ANN ARBOR, MI 481089674	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
ALUMNI ASSOCIATION OF THE UNIVERSIT 200 FLETCHER ST ANN ARBOR, MI 481091007	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	419
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI ASSOCIATION OF THE UNIVERSIT 200 FLETCHER ST ANN ARBOR, MI 481091007	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET G395 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,450
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET G395 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,174
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET G395 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET G395 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,150
DANCE MARATHON 105 S STATE STREET SUITE 2450 ANN ARBOR MI 48109 ANN ARBOR, MI 481091308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN ARBOR ROTARY FOUNDATION PO BOX 131217 ANN ARBOR, MI 481131217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WARBIRDS OF GLORY MUSEUM 2387 DORIS DR BRIGHTON, MI 481148908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WARBIRDS OF GLORY MUSEUM 2387 DORIS DR BRIGHTON, MI 481148908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTON AREA HISTORICAL SOCIETY PO BOX 481 BRIGHTON, MI 481160481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE ARC LIVINGSTON AN AGENCY SERVIN 2980 DORR RD BRIGHTON, MI 481169459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FRIENDS FOR THE DEARBORN ANIMAL SHE 2661 GREENFIELD RD DEARBORN, MI 481201325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEARBORN ORCHESTRAL SOCIETY INC PO BOX 2063 DEARBORN, MI 481232063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
KIWANIS FOUNDATION OF DEARBORN INC 2350 MONROE ST STE B DEARBORN, MI 481243059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KIWANIS FOUNDATION OF DEARBORN INC 2350 MONROE ST STE B DEARBORN, MI 481243059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKWOOD HEALTHCARE FOUNDATION 15500 LUNDY PKY DEARBORN, MI 481262776	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
DEARBORN HEIGHTS ROTARY CLUB INCFOU 26200 FORD ROAD 1113 DEARBORN HEIGHTS, MI 481273182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GROSSE ILE NATURE AND LAND CONSERVA 8841 MACOMB ST PO BOX 12 GROSSE ILE, MI 481383800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STIGGYS DOGS INCPO BOX 830 HAMBURG, MI 481390830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
CONSTANTINO DEL SIGNORE FOUNDATION 39000 SCHOOLCRAFT RD LIVONIA, MI 481501036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
FRIENDS OF THE OPERA OF MICHIGAN PO BOX 530115 LIVONIA, MI 481530115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVONIA HOCKEY ASSOC 33841 LYNDON ST LIVONIA, MI 481545401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
LIVONIA HOCKEY ASSOC 33841 LYNDON ST LIVONIA, MI 481545401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LIVONIA HOCKEY ASSOC 33841 LYNDON ST LIVONIA, MI 481545401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIN STREET LEAGUE 46638 W MAIN ST NORTHVILLE, MI 481671752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MICHIGAN PHILHARMONIC PO BOX 6379 PLYMOUTH, MI 481700300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NORTHRIDGE CHURCH MINISTERIES INC 49555 N TERRITORIAL RD PLYMOUTH, MI 481708200	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHRIDGE CHURCH MINISTERIES INC 49555 N TERRITORIAL RD PLYMOUTH, MI 481708200	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CHILDREN WITH HAIR LOSS INC 12776 DIXIE HWY S ROCKWOOD, MI 481791001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
LIVE LIKE MAX FOUNDATION 1723 TRADITION DR CANTON, MI 481875808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER TO HOME INC266 OAK ST WYANDOTTE, MI 481925127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
THE GUIDANCE CENTER 13101 ALLEN RD SOUTHGATE, MI 481952216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MUSEUM OF AFRICAN AMERICAN HISTORY 315 EAST WARREN AVENUE DETROIT, MI 482011443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT POLICE ATHLETIC LEAGUE INCO 111 W WILLIS ST DETROIT, MI 482011809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BARBARA ANN KARMANOS CANCER INSTITU 4100 JOHN R ST DETROIT, MI 482012013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BARBARA ANN KARMANOS CANCER INSTITU 4100 JOHN R ST NC06DS DETROIT, MI 482012013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
INFORUM3663 WOODWARD AVE DETROIT, MI 482012400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DETROIT RESCUE MISSION MINISTRIES G 150 STIMSON ST DETROIT, MI 482012410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT RESCUE MISSION MINISTRIES G 150 STIMSON ST DETROIT, MI 482012410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
DETROIT RESCUE MISSION MINISTRIES G 150 STIMSON ST DETROIT, MI 482012410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MICHIGAN ROUNDTABLE FOR DIVERSITY A 3031 W GRAND BOULEVARD SUITE 525 DETROIT, MI 482023025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT STRATEGIC FRAMEWORK INC 2990 WEST GRAND BLVD SUITE 2 DETROIT, MI 482023041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WAYNE STATE UNIV RESEARCH & TECHNO- 440 BURROUGHS ST DETROIT, MI 482023429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
HENRY FORD HEALTH SYSTEM DEVELOPMENT OFFICE ONE FORD PL 5A DETROIT, MI 482023450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING ATHLETES TEAM FOR CHILDRENS 3011 WEST GRAND BOULEVARD - SUITE 223 DETROIT, MI 482023450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAYNE STATE UNIVERSITY 5700 CASS AVE STE 4602 DETROIT, MI 482023629	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
THE DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 482024008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 482024008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
DETROIT HISTORICAL SOCIETY 5401 WOODWARD AVE DETROIT, MI 482024009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SVDP IN THE ARCHDIOCESE OF DETROIT 3000 GRATIOT AVENUE DETROIT, MI 482072372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SVDP IN THE ARCHDIOCESE OF DETROIT 3000 GRATIOT AVENUE DETROIT, MI 482072372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT ST DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HWY DETROIT, MI 482073438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS OF MICHIGAN 2424 W GRAND BLVD DETROIT, MI 482081211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROSSROADS OF MICHIGAN 2424 W GRAND BLVD DETROIT, MI 482081211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CROSSROADS OF MICHIGAN 2424 W GRAND BLVD DETROIT, MI 482081211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST SOLUTIONS INC 1700 WATERMAN ST DETROIT, MI 482092022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
SOUTHWEST SOLUTIONS INC 1700 WATERMAN ST DETROIT, MI 482092022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT HISPANIC DEVELOPMENT CORPOR 1211 TRUMBULL ST DETROIT, MI 482161940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNIVERSITY OF DETROIT MERCY 4001 W MCNICHOLS RD DETROIT, MI 482213038	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF DETROIT MERCY 4001 W MCNICHOLS RD DETROIT, MI 482213038	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINS FOR WARRIORS FOUNDATION 1001 WOODWARD AVENUE 5TH FLOOR DETROIT, MI 482261904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY BLVD NO 3A DETROIT, MI 482262112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY STE 3A DETROIT, MI 482262112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY STE 3A DETROIT, MI 482262112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY STE 3A DETROIT, MI 482262112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE DETROIT ATHLETIC CLUB FOUNDATIO 241 MADISON ST DETROIT, MI 482262126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,950
JUNIOR ACHIEVEMENT OF SOUTHEASTERN 577 E LARNED ST DETROIT, MI 482264316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETRIOT ECONOMIC GROWTH ASSOCIATION 500 GRISWOLD ST STE 2200 DETROIT, MI 482264402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
GROSSE POINTE FOUNDATION FOR PUBLIC 389 SAINT CLAIR ST GROSSE POINTE, MI 482301501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GROSSE POINTE THEATRE INC 315 FISHER RD GROSSE POINTE, MI 482301601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE COMMUNITY CHURCH 21001 MOROSS RD DETROIT, MI 482362029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
JEWISH SENIOR LIFE OF METROPOLITAN 15000 WEST TEN MILE ROAD OAK PARK, MI 482370000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DETROIT RIVERFRONT CONSERVANCY INC 600 RENAISSANCE CENTER 1720 DETROIT, MI 482431802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA SERVICE THROUGH DETROIT FOUND PO BOX 441921 DETROIT, MI 482441921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROTHER RICE HIGH SCHOOL 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 483014045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,925
BROTHER RICE HIGH SCHOOL 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 483014045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
JEWISH FEDERATION OF METROPOLITAN D 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483032030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CRANBROOK EDUCATIONAL COMMUNITY 39221 WOODWARD AVE BLOOMFIELD HILLS, MI 483045162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND UNIVERSITY SCHOLARSHIP COMM 507 GOLF VIEW LANE ROCHESTER, MI 483090000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
OAKLAND UNIVERSITY FOUNDATION 507 GOLF VIEW LN ROCHESTER, MI 483094488	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
OAKLAND UNIVERSITY FOUNDATION 507 GOLF VIEW LN ROCHESTER, MI 483094488	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND UNIVERSITY FOUNDATION 507 GOLF VIEW LN ROCHESTER, MI 483094488	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
KEY OF HOPEPO BOX 210567 AUBURN HILLS, MI 483210567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JEWISH COMMUNITY CENTER OF METROPOL 6600 W MAPLE RD W BLOOMFIELD, MI 483223003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE 6555 W MAPLE RD WEST BLOOMFIELD, MI 483224926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH HOSPICE & CHAPLAINCY NETWORK 6555 W MAPLE RD W BLOOMFIELD, MI 483224926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
ORCHARD LAKE SCHOOLS SS CYRIL METHO 3535 INDIAN TRL ORCHARD LAKE, MI 483241623	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERO FOUNDATION3970 LAMONT DR WATERFORD, MI 483294536	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
WALNUT LAKE PRESCHOOL 29375 HALSTED RD FARMINGTN HLS, MI 483312815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF SOUTHEASTERN 26777 HALSTED ROAD SUITE 100 FARMINGTON HILLS, MI 483313560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARMINGTON AREA GOODFELLOWS INC 31455 W 11 MILE RD FARMINGTN HLS, MI 483361101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME PREPARATORY SCHOOL & MAR 1300 GIDDINGS ROAD PONTIAC, MI 483402108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 483412244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 483412244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 483412244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 483421722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 483421722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 483421722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CLARENCE E PHILLIPS ASCEND ORGANIZA 809 BAY ST PONTIAC, MI 483421903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FURNITURE RESOURCE CENTER 333 N PERRY ST PONTIAC, MI 483422440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE FURNITURE RESOURCE CENTER 333 N PERRY ST PONTIAC, MI 483422440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMYLOIDOSIS FOUNDATION 7151 N MAIN ST STE 2 CLARKSTON, MI 483461584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRIVE INC7111 DIXIE HIGHWAY 123 CLARKSTON, MI 483462077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY SHARINGPO BOX 405 HIGHLAND, MI 483570405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LAKE ORION BAND BOOSTERS PO BOX 93 LAKE ORION, MI 483610093	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,075
CATHOLIC CENTRAL HIGH SCHOOL OF DET 27225 WIXOM RD NOVI, MI 483741119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,750
CATHOLIC CENTRAL HIGH SCHOOL OF DET 27225 WIXOM RD NOVI, MI 483741119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM JOSEPH INC 3050 UNION LAKE RD STE 8F COMMERCE TWP, MI 483824508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FENTON AREA PUBLIC SCHOOLS 3100 OWEN ROAD FENTON, MI 484301754	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
GRAND BLANC HERITAGE ASSOCIATION 203 E GRND BLANC RD GRAND BLANC, MI 484391303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND BLANC HERITAGE ASSOCIATION 203 E GRND BLANC RD GRAND BLANC, MI 484391303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
IRELANDS DREAM INC 8293 OFFICE PARK DR GRAND BLANC, MI 484392074	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CORD USA4545 WARWICK CIRCLE DR GRAND BLANC, MI 484398031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSE HILL CENTER INC 5130 ROSE HILL BLVD HOLLY, MI 484429507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
FAMILY LITERACY CENTERPO BOX 485 LAPEER, MI 484460485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FAMILY LITERACY CENTERPO BOX 485 LAPEER, MI 484460485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWARTZ CREEK FINE ARTS ASSOCIATION PO BOX 98 SWARTZ CREEK, MI 484730098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WE SHARE FOUNDATIONPO BOX 197 FLINT, MI 485010197	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,754
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINT INSTITUTE OF MUSIC 1025 E KEARSLEY ST FLINT, MI 485031922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE FLINT PUBLIC LIBRARY 1026 E KEARSLEY ST FLINT, MI 485031923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF FLINT A 410 E SECOND STREET FLINT, MI 485031931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF FLINT A 410 E SECOND STREET FLINT, MI 485031931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BIG BROTHERS BIG SISTERS OF FLINT A 410 E SECOND STREET FLINT, MI 485031931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHELTER OF FLINT INC924 CEDAR ST FLINT, MI 485033620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF EASTERN MICHIGAN INC 2300 LAPEER ROAD FLINT, MI 485034221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OLD NEWSBOYS OF FLINT 6255 TAYLOR DR FLINT, MI 485074665	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHILD AND FAMILY SERVICE OF SAGINAW 2806 DAVENPORT AVE SAGINAW, MI 486023734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ABUSE AND NEGLECT COUNCIL GRE 1311 N MICHIGAN AVE SAGINAW, MI 486024733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
ROTARY CLUB OF SAGINAW SUNRISE FOUN PO BOX 5724 SAGINAW, MI 486030724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
UNDERGROUND RAILROAD INC 5647 STATE STREET SAGINAW, MI 486033602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERGROUND RAILROAD INC 5647 STATE ST STE A SAGINAW, MI 486037607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
SAGINAW SYMPHONY ASSOCIATION 201 N WASHINGTON AVE SAGINAW, MI 486071209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HISTORICAL SOCIETY OF SAGINAW COUNT 500 FEDERAL AVE SAGINAW, MI 486071253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORICAL SOCIETY OF SAGINAW COUNT 500 FEDERAL AVE SAGINAW, MI 486071253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SAGINAW TOWNSHIP SOCCER ASSOCIATION PO BOX 6155 SAGINAW, MI 486086155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURVIVORS OF SUICIDE INC PO BOX 6712 SAGINAW, MI 486086712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MIDLAND CENTER FOR THE ARTS INC 1801 W SAINT ANDREWS RD MIDLAND, MI 486402656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ROSCOMMON COUNTY COMMUNITY PO BOX 824 ROSCOMMON, MI 486530824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSCOMMON COUNTY COMMUNITY PO BOX 824 ROSCOMMON, MI 486530824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGANS OWN INC1250 WEISS ST FRANKENMUTH, MI 487341928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
TURNING POINTE DONKEY RESCUE INC 216 N MEECH RD DANSVILLE, MI 488199735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,295
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD 350 EAST LANSING, MI 488242600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 488242613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 488242613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	21,700
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 488242613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	327
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 488242613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,950
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 488242613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
ELSIE PUBLISHING INSTITUTE PO BOX 811 EAST LANSING, MI 488260811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS NATIONAL H 3573 WAVERLY RD S EATON RAPIDS, MI 488279718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CENTRAL MICHIGAN UNIVERSITY 204 WARRINER HALL MT PLEASANT, MI 488590001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,505
CENTRAL MICHIGAN UNIVERSITY 204 WARRINER HALL MT PLEASANT, MI 488590001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MICHIGAN INC CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 488590001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
SPECIAL OLYMPICS MICHIGAN INC CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 488590001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS MICHIGAN INC CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 488590001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	276
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN DENTAL ASSOCIATION FOUNDAT 3657 OKEMOS RD STE 200 OKEMOS, MI 488643927	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
CHILD & FAMILY SERVICES OF MICHIGAN 2157 UNIVERSITY PARK DR OKEMOS, MI 488645956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 2140 UNIVERSITY PARK DRIVE SUITE 210 LANSING, MI 488647381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CITY RESCUE MISSION OF LANSING MICH 2216 S CEDAR ST LANSING, MI 489103132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS MICHIGAN C 330 MARSHALL ST LANSING, MI 489122314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS MICHIGAN C 330 MARSHALL ST LANSING, MI 489122314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS MICHIGAN C 330 MARSHALL ST LANSING, MI 489122314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI CHILDRENS HOUSE 2100 WEST SAINT JOSEPH STREET LANSING, MI 489151175	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GREAT LAKES BIBLE COLLEGE 6211 W WILLOW HWY LANSING, MI 489171231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEERS OF AMERICA INC 6090 W MICHIGAN AVENUE LANSING, MI 489172401	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 119 N WASHINGTON SQUARE LANSING, MI 489330000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 119 N WASHINGTON SQUARE LANSING, MI 489330000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
NAMI OF KALAMAZOO ALLIANCE FOR THE PO BOX 51693 KALAMAZOO, MI 490051693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 490063291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 490063291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 490063291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CHILD CARE USA INC 240 W MICHIGAN AVE KALAMAZOO, MI 490073735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOSPICE CARE OF SOUTHWEST MICHIGAN 222 N KALAMAZOO MALL STE 100 KALAMAZOO, MI 490073882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARK CLUB HISTORIC FOUNDATION 219 W SOUTH ST KALAMAZOO, MI 490074707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	899
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRONSON HEALTH FOUNDATION INC 601 JOHN STREET KALAMAZOO, MI 490075341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRONSON HEALTH FOUNDATION INC 601 JOHN STREET KALAMAZOO, MI 490075341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE GAGIE SCHOOL 615 FAIRVIEW AVE KALAMAZOO, MI 490082420	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALAMAZOO NATURE CENTER INC 7000 N WESTNEDGE AVE KALAMAZOO, MI 490096309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BATTLE CREEK COMMUNITY FOUNDATION 34 W JACKSON ST BATTLE CREEK, MI 490173505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAKE MICHIGAN COLLEGE FOUNDATION 2755 E NAPIER AVE BENTON HARBOR, MI 490221881	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT CENTER132 WATER ST BENTON HARBOR, MI 490223473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CASS COUNTY COUNCIL ON AGING INC 60525 DECATUR RD CASSOPOLIS, MI 490318412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CURIOUS KIDS MUSEUM415 LAKE BLVD SAINT JOSEPH, MI 490851231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDWARDSBURG SPORTS COMPLEX INC PO BOX 193 EDWARDSBURG, MI 491120193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ADRIAN COLLEGE110 S MADISON ST ADRIAN, MI 492212518	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ALBION COLLEGE611 PORTER ST ALBION, MI 492241831	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBION COLLEGE611 PORTER ST ALBION, MI 492241831	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
ADA CHRISTIAN SCHOOL EDUCATION FOUN 6206 ADA DR SE ADA, MI 493017400	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST MICHIGAN BLAST INC 8608 WOODRUFF DR SW BYRON CENTER, MI 493159365	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EQUEST CENTER FOR THERAPEUTIC RIDIN 3777 RECTOR AVE NE ROCKFORD, MI 493417914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GRAND VALLEY STATE UNIVERSITY 201 LMH 1 CAMPUS DRIVE ALLENDALE, MI 494010000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND VALLEY STATE UNIVERSITY 201 LMH 1 CAMPUS DRIVE ALLENDALE, MI 494010000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GRAND HAVEN AREA COMMUNITY FOUNDATI ONE SOUTH HARBOR DRIVE GRAND HAVEN, MI 494171385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OUT IN SCIENCE TECHNOLOGY ENGINEERI 2885 SANFORD AVE SW 34480 GRANDVILLE, MI 494181342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANDVILLE EDUCATION FOUNDATION 3843 PRAIRIE ST SW GRANDVILLE, MI 494181648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE COLLEGE141 E 12TH ST HOLLAND, MI 494233607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SABLE POINTS LIGHTHOUSE KEEPERS ASS PO BOX 673 LUDINGTON, MI 494310673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3408 W US HIGHWAY 10 LUDINGTON, MI 494319309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MUSKEGON MUSEUM OF ART FOUNDATION 296 W WEBSTER AVE MUSKEGON, MI 494401209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MUSKEGON MUSEUM OF ART FOUNDATION 296 W WEBSTER AVE MUSKEGON, MI 494401209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAVEN CAN WAIT ANIMAL HAVEN 511 SEMINOLE RD NORTON SHORES, MI 494443719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VOLUNTEERS OF MUSKEGON COUNTY ANIMA 3840 EASTBROOK DR MUSKEGON, MI 494444174	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
SERVANTS CENTERPO BOX F GRAND RAPIDS, MI 495014906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVANTS CENTERPO BOX F GRAND RAPIDS, MI 495014906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEARTSIDE MINISTRY INC 54 S DIVISION GRAND RAPIDS, MI 495030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAN ANDEL INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
VAN ANDEL INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,600
RIGHT PLACE FOUNDATION 125 OTTAWA AVE NW STE 450 GRAND RAPIDS, MI 495032716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS ART MUSEUM 101 MONROE CENTER ST NW GRAND RAPIDS, MI 495032801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
GRAND RAPIDS CHILDRENS MUSEUM 11 SHELDON AVE NE GRAND RAPIDS, MI 495033246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GRAND RAPIDS CHILDRENS MUSEUM 11 SHELDON AVE NE GRAND RAPIDS, MI 495033246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS PUBLIC LIBRARY FOUNDAT 111 LIBRARY ST NE GRAND RAPIDS, MI 495033268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 495034008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 495034008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 495034008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
GRAND RAPIDS OPPORTUNITIES FOR WOME 25 SHELDON BLVD SE SUITE 210 GRAND RAPIDS, MI 495034209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA WEST CENTRAL MICHIGAN 25 SHELDON BLVD SE GRAND RAPIDS, MI 495034209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
GUIDING LIGHT MISSION INC 255 S DIVISION AVE GRAND RAPIDS, MI 495034538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDING LIGHT MISSION INC 255 S DIVISION AVE GRAND RAPIDS, MI 495034538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY RESOURCE CENTER 415 CHERRY ST SE GRAND RAPIDS, MI 495034601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT ST SW GRAND RAPIDS, MI 495034959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEEK GROUP INC902 LEONARD ST NW GRAND RAPIDS, MI 495044134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GERALD R FORD FOUNDATION 303 PEARL NW GRAND RAPIDS, MI 495045343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GERALD R FORD FOUNDATION 303 PEARL NW GRAND RAPIDS, MI 495045343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH YOU INTERNATIONAL 2064 VALLEY FORGE ST NW GRAND RAPIDS, MI 495045950	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AQUINAS COLLEGE INC 1607 ROBINSON RD SE GRAND RAPIDS, MI 495061741	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MIND MEETS MUSIC INC 1550 EAST BELTLINE SE SUITE 345 GRAND RAPIDS, MI 495064301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDGWOOD CHRISTIAN SERVICES 3300 36TH ST SE GRAND RAPIDS, MI 495122810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CELEBRATION EDUCATION FUND 2121 CELEBRATION DR NE GRAND RAPIDS, MI 495259302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CELEBRATION EDUCATION FUND 2121 CELEBRATION DR NE GRAND RAPIDS, MI 495259302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS, MI 495347565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,194
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS, MI 495347565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS, MI 495347565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS, MI 495347565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FREDERIK MEIJER GARDENS AND SCULPTU 2929 WALKER AVE NW GRAND RAPIDS, MI 495446402	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
FREDERIK MEIJER GARDENS AND SCULPTU 2929 WALKER AVE NW GRAND RAPIDS, MI 495446402	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVIN COLLEGE3201 BURTON ST SE GRAND RAPIDS, MI 495464301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
SAFE HAVEN MINISTRIES INC 3501 LAKE EASTBROOK BLVD SE STE 335 GRAND RAPIDS, MI 495465941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRESERVE HISTORIC SLEEPING BEAR PO BOX 453 EMPIRE, MI 496300453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF WONDER 13035 S GREENWAY TRL EMPIRE, MI 496309560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MANISTEE COUNTY HISTORICAL SOCIETY 425 RIVER ST MANISTEE, MI 496601522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
MUNSON HEALTHCARE CADILLAC HOSPITAL 1105 SIXTH ST TRAVERSE CITY, MI 496842349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUNDWORK CENTER FOR RESILIENT COM 148 E FRONT ST STE 301 TRAVERSE CITY, MI 496845726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GRAND TRAVERSE REGIONAL LAND CONSER 3860 N LONG LAKE RD SUITE D TRAVERSE CITY, MI 496849601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PICKEREL AND CROOKED LAKES IMPROVEM PO BOX 511 ALANSON, MI 497060133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR NORTHEAST PO BOX 495 ALPENA, MI 497070495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEAM HONOR104 MEADOW WOOD DR HARBOR SPGS, MI 497409463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE SUPERIOR STATE UNIVERSITY FOUN 650 W EASTERDAY AVE SAULT S MARIE, MI 497831626	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,217
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN TECH FUND 1400 TOWNSEND DR HOUGHTON, MI 499311200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TRUSTEES OF GRINNELL COLLEGE 733 BROAD ST GRINNELL, IA 501121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
TRUSTEES OF GRINNELL COLLEGE 733 BROAD ST GRINNELL, IA 501121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACELAND UNIVERSITY DEVELOPMENT OFFICE 1 UNIVERSITY PLACE LAMONI, IA 501401641	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GRACELAND UNIVERSITY DEVELOPMENT OFFICE 1 UNIVERSITY PLACE LAMONI, IA 501401641	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	919
MANY HANDS FOR HAITIPO BOX 204 PELLA, IA 502190204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PELLA REGIONAL HEALTH CENTER 404 JEFFERSON ST PELLA, IA 502191257	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CENTRAL COLLEGE812 UNIVERSITY ST PELLA, IA 502191902	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FURRY FRIENDS REFUGE 1211 GRAND AVE W DES MOINES, IA 502653523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 1501 42ND STREET SUITE 230 WEST DES MOINES, IA 502665901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,705
LUTHERAN CHURCH OF HOPE 925 JORDAN CRK PKWY WDM, IA 502665952	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
LUTHERAN CHURCH OF HOPE 925 JORDAN CRK PKWY WDM, IA 502665952	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 GRAND AVE DES MOINES, IA 503092406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIM CHRISTIAN FELLOWSHIP OF DES MO 525 E 9TH ST DES MOINES, IA 503095503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
AGAPE PREGNANCY CENTER 2550 M L KING JR PKWY DES MOINES, IA 503106121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
P E O FOUNDATION3700 GRAND AVE DES MOINES, IA 503122899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER CONNECTION 2708 GRAND AVE DES MOINES, IA 503125214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ORCHARD PLACE2116 GRAND AVE DES MOINES, IA 503125310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NEIGHBORHOOD FINANCE CORPORATION 1912 SIXTH AVENUE DES MOINES, IA 503143331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID AVE DES MOINES, IA 503173607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
IOWA JAG INC GRIMES STATE OFFICE BUILDING THIRD FLOOR DES MOINES, IA 503190000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
WRIGHT ON THE PARK INCPO BOX 792 MASON CITY, IA 504020792	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTHERN IOWA FOUNDAT 121 COMMONS CEDAR FALLS, IA 506140282	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF NORTHERN IOWA FOUNDAT 121 COMMONS CEDAR FALLS, IA 506140282	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTHERN IOWA FOUNDAT 121 COMMONS CEDAR FALLS, IA 506140282	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTHERN IOWA FOUNDAT 121 COMMONS CEDAR FALLS, IA 506140282	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
WARTBURG COLLEGE 100 WARTBURG BLVD PO BOX 1003 WAVERLY, IA 506770903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
WARTBURG COLLEGE 100 WARTBURG BLVD PO BOX 1003 WAVERLY, IA 506770903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART CENTER ASSOCIATION OF SIOUX CIT 225 NEBRASKA ST SIOUX CITY, IA 511011712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LOVE TAKES ROOTPO BOX 885 SPENCER, IA 513010885	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAVING OUR AVIAN RESOURCES S O A R 25494 320TH ST DEDHAM, IA 514408554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHORT NOSES AND FRIENDS UNITED RESC 2938 AVENUE F COUNCIL BLFS, IA 515012011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
SHORT NOSES AND FRIENDS UNITED RESC 2938 AVENUE F COUNCIL BLFS, IA 515012011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHORT NOSES AND FRIENDS UNITED RESC 2938 AVENUE F COUNCIL BLFS, IA 515012011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF HOPE CANCER SUPPORT CENTER 427 E KANESVILLE BLVD STE 202 COUNCIL BLFS, IA 515034403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
IOWA SCHOOL FOR THE DEAF FOUNDATION 3501 HARRY LANGDON BLVD COUNCIL BLUFFS, IA 515037837	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CLARKE UNIVERSITY OF DUBUQUE IOWA 1550 CLARKE DR DUBUQUE, IA 520013117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHER COLLEGE700 COLLEGE DR DECORAH, IA 521011041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
LUTHER COLLEGE700 COLLEGE DR DECORAH, IA 521011041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
THE GUATEMALA PROJECT 3679 WHITETAIL LN NE IOWA CITY, IA 522407912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,550
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 730 HAWKINS DR IOWA CITY, IA 522462505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RONALD MCDONALD HOUSE CHARITIES OF 730 HAWKINS DR IOWA CITY, IA 522462505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROSPECT MEADOWS INC 1890 COUNTY HOME RD MARION, IA 523029753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORCHESTRA IOWA INC 119 THIRD AVENUE SE CEDAR RAPIDS, IA 524011403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GEMS OF HOPE INC 420 6TH ST SE STE 140 CEDAR RAPIDS, IA 524011906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 350 6TH AVE SE CEDAR RAPIDS, IA 524012025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 350 6TH AVE SE CEDAR RAPIDS, IA 524012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 524012610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 524024797	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CEDAR LAKE INC 1821 GRANDE AVE SE CEDAR RAPIDS, IA 524032225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FIRST LUTHERAN CHURCH TRUST FUND 1000 3RD AVE SE CEDAR RAPIDS, IA 524032410	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,200
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 524037100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDAR VALLEY HUMANE SOCIETY 7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 524037131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TANAGER PLACE2309 C ST SW CEDAR RAPIDS, IA 524043707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
XAVIER FOUNDATIONPO BOX 10956 CEDAR RAPIDS, IA 524100956	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARE TO BE DIFFERENT 3855 ASPEN HILLS DR BETTENDORF, IA 527222183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE COMMUNITY FOUNDATION OF THE GRE 852 MIDDLE ROAD SUITE 100 BETTENDORF, IA 527227604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ST PAUL THE APOSTLE CATHOLIC SCHOOL 1007 E RUSHOLME STREET DAVENPORT, IA 528032549	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 528032829	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
RIVER ACTION INCPO BOX 964 DAVENPORT, IA 528050964	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MUTUAL FUND OBSERVER INC 5456 MARQUETTE ST DAVENPORT, IA 528062417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS QUAD CITIES 311 E 2ND ST DAVENPORT, IA 528083574	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
WISCONSIN PARKINSON ASSOCIATION INC SQUIRES II 16655 W BLUEMOUND ROAD S BROOKFIELD, WI 530050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOLD IN SEPTEMBER CHARITABLE TRUST 528D WELLS ST DELAFIELD, WI 530181421	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISHI VALLEY ALUMNI ASSOCIATION INC PO BOX 270278 HARTFORD, WI 530270278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1120 JAMES DRIVE SUITE A HARTLAND, WI 530298311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
WILDLIFE IN NEED CENTER LTD W349 S1480 S WATERVILLE ROAD OCONOMOWOC, WI 530669264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS UNITED CHURCH OF CHRIST 1248 LINCOLN AVE SHEBOYGAN, WI 530812566	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
MUSEUM OF WISCONSIN ART INC 205 VETERANS AVE WEST BEND, WI 530953413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
MUSEUM OF WISCONSIN ART INC 205 VETERANS AVE WEST BEND, WI 530953413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL 225 W STATE STREET BURLINGTON, WI 531051837	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,900
BURLINGTON KIWANIS YOUTH AND FAMILY 1050 MILWAUKEE AVE BURLINGTON, WI 531051230	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
SOUTHERN LAKES AREA LOVE INC 480 S PINE ST BURLINGTON, WI 531052237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURES CLASSROOM INSTITUTE ENVIRON PO BOX 660 MUKWONAGO, WI 531490660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD REAGAN HOME AND SCHOOL ASSOC 4225 S CALHOUN RD NEW BERLIN, WI 531515531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RACINE COUNTY AGRICULTURAL SOCIETY PO BOX 104 UNION GROVE, WI 531820104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL UNIVERSITY INC 100 N EAST AVE WAUKESHA, WI 531863103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
CARROLL UNIVERSITY INC 100 N EAST AVE WAUKESHA, WI 531863103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UW-WHITEWATER FOUNDATION INC 800 W MAIN ST WHITEWATER, WI 531901705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,144
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,200
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOAN ANTIDA HIGH SCHOOL 1341 N CASS STREET MILWAUKEE, WI 532022786	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
NATIONAL SOCIETY TO PREVENT BLINDNE 731 NORTH JACKSON STREET STE 405 MILWAUKEE, WI 532023795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL SOCIETY TO PREVENT BLINDNE 731 NORTH JACKSON STREET STE 405 MILWAUKEE, WI 532023795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILWAUKEE ART MUSEUM INC 700 N ART MUSEUM DR MILWAUKEE, WI 532024007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL SOCIETY TO PREVENT BLINDNE 731 N JACKSON ST STE 220 MILWAUKEE, WI 532024612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL SOCIETY TO PREVENT BLINDNE 731 N JACKSON ST STE 220 MILWAUKEE, WI 532024612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF WISCONSN INC 302 N JACKSON ST MILWAUKEE, WI 532025904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITERACY SERVICES OF WISCONSIN INC 555 NORTH PLANKINTON AVE MILWAUKEE, WI 532032910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 532083156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ROBERT ELEMENTARY SCHOOL 2200 E CAPITOL DRIVE SHOREWOOD, WI 532112105	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
URBAN ECOLOGY CENTER INC 1500 E PARK PL MILWAUKEE, WI 532113587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
BOYS AND GIRLS CLUB OF GREATER MILW 1558 N 6TH ST MILWAUKEE, WI 532123845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILWAUKEE YOUTH SYMPHONY ORCHESTRA 325 W WALNUT ST MILWAUKEE, WI 532123868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PIUS XI HIGH SCHOOL 135 N 76TH STREET MILWAUKEE, WI 532133560	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
WISCONSIN EDUCATIONAL YOUTH DEVELOP 11350 W THEODORE TRECKER WAY WEST ALLIS, WI 532141135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN EDUCATIONAL YOUTH DEVELOP 11350 W THEODORE TRECKER WAY WEST ALLIS, WI 532141135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUNGER TASK FORCE INC 201 S HAWLEY CT MILWAUKEE, WI 532141966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
CRISTO REY JESUIT MILWAUKEE HIGH SC 1215 S 45TH ST W MILWAUKEE, WI 532143615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE DOMES INC 524 S LAYTON BLVD MILWAUKEE, WI 532151236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOREST HOME HISTORIC PRESERVATION A 2405 W FOREST HOME AVE MILWAUKEE, WI 532152526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DOMINICAN HIGH SCHOOL 120 E SILVER SPRING DRIVE MILWAUKEE, WI 532174701	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL STRITCH UNIVERSITY INC 6801 N YATES RD MILWAUKEE, WI 532173945	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ENDOMETRIOSIS ASSOC INC 8585 N 76TH PL MILWAUKEE, WI 532232633	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FROEDTERT HOSPITAL FOUNDATION INC 9200 W WISCONSIN AVE MILWAUKEE, WI 532263522	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROEDTERT HOSPITAL FOUNDATION INC 9200 W WISCONSIN AVE MILWAUKEE, WI 532263522	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
MIDWEST ATHLETES AGAINST CHILDHOOD 10000 W INNOVATION DR STE 135 MILWAUKEE, WI 532264837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	615
MIDWEST ATHLETES AGAINST CHILDHOOD 10000 W INNOVATION DR STE 135 MILWAUKEE, WI 532264837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIGHT ASTHMA MILWAUKEE ALLIES INC 8585 W FOREST HOME AVE STE 200 GREENFIELD, WI 532283467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MILWAUKEE RESCUE MISSION 830 N 19TH ST MILWAUKEE, WI 532331616	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
BENEDICTINE LIFE FOUNDATION OF WISC 4200 COUNTY ROAD M MIDDLETON, WI 535622317	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTICELLO FOUNDATION INC PO BOX 636 MONTICELLO, WI 535700000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONTICELLO FOUNDATION INC PO BOX 636 MONTICELLO, WI 535700000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
FREEDOM FROM RELIGION FOUNDATION IN PO BOX 750 MADISON, WI 537010750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLEL THE FOUNDATION FOR JEWISH CA 611 LANGDON ST MADISON, WI 537031103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS AND BIG SISTERS OF DAN 2059 ATWOOD AVE MADISON, WI 537040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
OPERATION FRESH START INC 1925 WINNEBAGO ST MADISON, WI 537045314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HACKFEST INC4717 WAUKESHA ST MADISON, WI 537054842	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,625
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	277
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,520
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
EDGEWOOD HIGH SCHOOL OF THE SCARED 2219 MONROE STREET MADISON, WI 537111901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,300
AGRACE HOSPICECARE INCORPORATED 5395 E CHERYL PKWY MADISON, WI 537110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS WORLDWIDE5808 DAWLEY DR FITCHBURG, WI 537117209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEHEMIAH COMMUNITY DEVELOPMENT CORP 655 W BADGER RD MADISON, WI 537132013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 711 COTTAGE GROVE RD MADISON, WI 537161115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,972
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMETOWN EDUCATION FOUNDATION INC 9 W GENEVA CIR MADISON, WI 537171826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SECOND HARVEST FOODBANK OF SOUTHERN 2802 DAIRY DR MADISON, WI 537186751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,290
DANE COUNTY HUMANE SOCIETY 5132 VOGES RD MADISON, WI 537186941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANE COUNTY HUMANE SOCIETY 5132 VOGES RD MADISON, WI 537186941	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS WISCONSIN INC 2310 CROSSROADS DR STE 1000 MADISON, WI 537187600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHABAD-LUBAVITCH INC 1722 REGENT ST MADISON, WI 537264118	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND FARM SANCTUARY INC PO BOX 45746 MADISON, WI 537445746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
INTERNATIONAL CRANE FOUNDATION INC E11376 SHADY LANE ROAD PO BOX 447 BARABOO, WI 539130447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST CROIX VALLEY FOUNDATION 516 2ND ST STE 214 HUDSON, WI 540161597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CROIX VALLEY FOUNDATION 516 2ND ST STE 214 HUDSON, WI 540161597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LITTLE FREE LIBRARY LTD 573 COUNTY ROAD A STE 106 HUDSON, WI 540167057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST NORBERT COLLEGE INC 100 GRANT STREET ADVANCEMENT SERVICES DE PERE, WI 541152002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL EQUESTRIANS COMPANY 1120 ORLANDO DR DE PERE, WI 541159484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAY AREA MEDICAL CENTER FOUNDATION 3100 SHORE DR MARINETTE, WI 541434242	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
HAND OF HOPE INCPO BOX 168 PULASKI, WI 541627982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAWANO AREA FOOD PANTRY AND RESOUR 218 E RICHMOND ST PO BOX 570 SHAWANO, WI 541662924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
BIRCH CREEK MUSIC PERFORMANCE CENTE PO BOX 230 EGG HARBOR, WI 542090230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
DOOR COMMUNITY AUDITORIUM CORPORATI PO BOX 397 FISH CREEK, WI 542120397	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PENINSULA STATE PARKINCO PO BOX 502 FISH CREEK, WI 542120502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONCALLI HIGH SCHOOL 2000 MIRRO DRIVE MANITOWOC, WI 542206718	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WISCONSIN HUMANE SOCIETY - DOOR COU 3475 COUNTY ROAD PD PO BOX 93 STURGEON BAY, WI 542350000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF BROWN COUNTY INCORPORATED 414 E WALNUT STREET STE 170 GREEN BAY, WI 543010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	515
CASA OF BROWN COUNTY INCORPORATED 414 E WALNUT STREET STE 170 GREEN BAY, WI 543010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	303
CASA OF BROWN COUNTY INCORPORATED 414 E WALNUT STREET STE 170 GREEN BAY, WI 543010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE BOOK BUILDERS INC 3700 LIBAL ST GREEN BAY, WI 543011253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC DIOCESE OF GREEN BAY 1825 RIVERSIDE DR GREEN BAY, WI 543012316	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
LITERACY GREEN BAY INC 424 S MONROE AVE GREEN BAY, WI 543014054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER GREEN BAY YMCA INC 235 N JEFFERSON ST GREEN BAY, WI 543015126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PAULS PANTRY INC 1513 LEO FRIGO WAY GREEN BAY, WI 543021163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PAULS PANTRY INC 1513 LEO FRIGO WAY GREEN BAY, WI 543021163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA HUMANE SOCIETY AND ANIMAL 1830 RADISSON ST GREEN BAY, WI 543022057	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
NOTRE DAME DE LA BAIE ACADEMY 610 MARYHILL DR GREEN BAY, WI 543032004	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
GREATER GREEN BAY COMMUNITY FOUNDAT 320 N BROADWAY STREET SUITE 260 GREEN BAY, WI 543032734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRO INC1673 DOUSMAN ST GREEN BAY, WI 543033209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ST MARYS HOSPITAL MEDICAL CENTER OF 1726 SHAWANO AVE GREEN BAY, WI 543033216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 543033447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHWAUBENON HIGH2391 S RIDGE RD GREEN BAY, WI 543045093	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BREAST CANCER FAMILY FOUNDATION INC 926 WILLARD DR STE 134 GREEN BAY, WI 543045071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF MARSHFIELD PUBLIC LIBRAR 105 S MAPLE AVE MARSHFIELD, WI 544493739	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN STEVENS POI 2100 MAIN ST RM 134 STEVENS POINT, WI 544813871	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
NICOLET COLLEGE FOUNDATION INC PO BOX 518 RHINELANDER, WI 545010518	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
CAMP MANITOWISH Y M C A INC PO BOX 246 BOULDER JCT, WI 545120246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP MANITOWISH Y M C A INC PO BOX 246 BOULDER JCT, WI 545120246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TRINITY LUTHERAN SCHOOL 8781 BRUNSWICK ROAD MINOCQUA, WI 545489322	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
TRINITY LUTHERAN SCHOOL 8781 BRUNSWICK ROAD MINOCQUA, WI 545489322	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND AREA SCHOLARSHIP FUND INC PO BOX 227 MINOCQUA, WI 545480227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MINOCQUA KAWAGUESAGA LAKES PROTECTI 8229 W BRINKLAND CIRCLE MINOCQUA, WI 545480494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAKELAND ROTARY FOUNDATION INC PO BOX 620 MINOCQUA, WI 545480620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARTA AREA CANCER SUPPORT INC PO BOX 130 SPARTA, WI 546560130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF WISCONSIN-EAU CLAIRE 105 GARFIELD AVE EAU CLAIRE, WI 547014811	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	30
UNIVERSITY OF WISCONSIN-EAU CLAIRE 214 SCHOFIELD HALL 105 GARFIELD AVE PO BOX 4004 EAU CLAIRE, WI 547024004	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAC COURTE OREILLES FOUNDATION INC 6756 N VICTORY HEIGHTS CIR STONE LAKE, WI 548763054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER AGAINST SEXUAL & DOMESTIC AB 318 21ST AVE E SUPERIOR, WI 548803601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNTLEY ELEMENTARY PTO 2224 N ULLMAN ST APPLETON, WI 549113243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI FOX VALLEY INC 211 E FRANKLIN STREET APPLETON, WI 549115475	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICAPO BOX 267 APPLETON, WI 549120000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICAPO BOX 267 APPLETON, WI 549120000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 267 APPLETON, WI 549120000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PANTHER BASEBALL CLUB INC W3035 EDGEWOOD TRL APPLETON, WI 549139000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION FOR THE FOX VA 4455 W LAWRENCE ST APPLETON, WI 549144065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALLEYE FOR TOMORROW 224 AUBURN ST FOND DU LAC, WI 549353302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TAILS FOR LIFE INC837 MUSTANG LN FOND DU LAC, WI 549359749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOPE CLINIC AND CARE CENTER INC 1814 APPLETON ROAD MENASHA, WI 549521110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAZELDEN BETTY FORD FOUNDATION PO BOX 11 15251 PLEASANT VALLEY RD RW-7 CENTER CITY, MN 550120011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
HAZELDEN CHICAGO 15251 PLEASANT VALLEY RD PO BOX 11 RW-7 CENTER CITY, MN 550120011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
HAZELDEN BETTY FORD FOUNDATION PO BOX 11 15251 PLEASANT VALLEY RD RW-7 CENTER CITY, MN 550120011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 550571574	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 550571574	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MINNESOTA VETERINARY MEDICAL FOUNDA 101 BRIDGEPOINT WAY STE 100 SOUTH ST PAUL, MN 550752478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CROIX PREPARATORY ACADEMY 4260 STAGECOACH TRAIL NORTH STILLWATER, MN 550820000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
STORYARK640 MAIN ST N APT 34 STILLWATER, MN 550823931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TWIN CITIES PUBLIC TELEVISION INC 172 E FOURTH ST ST PAUL, MN 551011400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA ASSISTANCE COUNCIL FOR VE 360 ROBERT ST N STE 306 SAINT PAUL, MN 551011511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MINNESOTA COMMUNITY FOUNDATION 101 5TH ST E STE 2400 SAINT PAUL, MN 551011800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
GENESYS WORKS 445 MINNESOTA ST STE 720 SAINT PAUL, MN 551012127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,880
AMERICAN PUBLIC MEDIA GROUP 480 CEDAR ST SAINT PAUL, MN 551012217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
GILLETTE CHILDRENS HOSPITAL FOUNDAT 200 UNIVERSITY AVE E ST PAUL, MN 551012507	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILLETTE CHILDRENS HOSPITAL FOUNDAT 200 UNIVERSITY AVE E ST PAUL, MN 551012507	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
PARK SQUARE THEATRE COMPANY 408 SAINT PETER ST STE 110 SAINT PAUL, MN 551021121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE SCHUBERT CLUB 302 LANDMARK CENTER ST PAUL, MN 551021423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHUBERT CLUB 302 LANDMARK CENTER ST PAUL, MN 551021423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PENUMBRA THEATRE COMPANY INC 270 N KENT ST ST PAUL, MN 551021744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL ASSOCIATION INCO 347 SMITH AVE N STE 501 ST PAUL, MN 551022392	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMO FRIENDS1225 ESTABROOK DR ST PAUL, MN 551031022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAPITOL HILL PARENT TEACHER ORGANIZ 560 CONCORDIA AVE SAINT PAUL, MN 551032443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MANO A MANO INTERNATIONAL PARTNERS 925 PIERCE BUTLER RTE SAINT PAUL, MN 551041523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1954 UNIVERSITY AVENUE W ST PAUL, MN 551043433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 1954 UNIVERSITY AVENUE W ST PAUL, MN 551043433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH SAINT PAUL, MN 551044636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA HUMANE SOCIETY 475 CLEVELAND AVE N STE 100B SAINT PAUL, MN 551045051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD DEVELOPMENT CENTER INC 663 UNIVERSITY AVE W STE 200 ST PAUL, MN 551045097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
KOT A KOT801 LAUREL AVE SAINT PAUL, MN 551047109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,465
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ST PAUL ACADEMY AND SUMMIT SCHOOL 1712 RANDOLPH AVE SAINT PAUL, MN 551052159	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MONTESSORI TRAINING CENTER OF MINNE 1611 AMES AVE SAINT PAUL, MN 551062903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILD INCORPORATED 130 WABASHA ST STE 90 ST PAUL, MN 551071819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
GUILD INCORPORATED 130 WABASHA ST STE 90 ST PAUL, MN 551071819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
GUILD INCORPORATED 130 WABASHA STREET SUITE 90 SAINT PAUL, MN 551071819	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF MINNESOTA 1605 EUSTIS ST SAINT PAUL, MN 551081219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	545
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
SECOND CHANCE ANIMAL RESCUE PO BOX 10533 WHITE BEAR LK, MN 551100533	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LAKESHORE PLAYERS INC 4941 LONG AVE WHITE BEAR LK, MN 551102837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE PLAYERS INC 4941 LONG AVE WHITE BEAR LK, MN 551102837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SALVATION ARMY2445 PRIOR AVE N ROSEVILLE, MN 551132714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,600
SALVATION ARMY2445 PRIOR AVE N ROSEVILLE, MN 551132714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST STE 102 ST PAUL, MN 551141257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMPATIBLE TECHNOLOGY INTERNATIONAL 800 TRANSFER RD STE 6 SAINT PAUL, MN 551141414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
CHAINBREAKER 2334 UNIVERSITY AVE W STE 150 SAINT PAUL, MN 551141859	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACON INTERFAITH HOUSING COLLABORA 2610 UNIVERSITY AVE W SUITE 100 SAINT PAUL, MN 551142007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SAFE PASSAGE FOR CHILDREN OF MINNES 2148 ELEANOR AVE SAINT PAUL, MN 551161356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SAFE PASSAGE FOR CHILDREN OF MINNES 2148 ELEANOR AVE SAINT PAUL, MN 551161356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK LITTLE LEAGUE ASSOCIA 1842 BOHLAND AVE SAINT PAUL, MN 551161906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TERRILL FOUNDATION 2038 FORD PARKWAY 225 ST PAUL, MN 551161931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GETHSEMANE LUTHERAN SCHOOL 2410 STILLWATER ROAD E MAPLEWOOD, MN 551193613	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETHSEMANE LUTHERAN SCHOOL 2410 STILLWATER ROAD E MAPLEWOOD, MN 551193613	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE CONVENT AND ACADEMY OF THE VISI 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 551201677	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
THE CONVENT AND ACADEMY OF THE VISI 2455 VISITATION DRIVE MENDOTA HEIGHTS, MN 551201677	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELEVATE LIFE 2600 EAGAN WOODS DR STE 110 SAINT PAUL, MN 551211152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CARINGBRIDGE 2750 BLUE WATER RD STE 275 EAGAN, MN 551211679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CARINGBRIDGE 2750 BLUE WATER RD STE 275 EAGAN, MN 551211679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARINGBRIDGE 2750 BLUE WATER RD STE 275 EAGAN, MN 551211679	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
STAND UP 2 ATAXIA14477 HOLLAND CT APPLE VALLEY, MN 551249364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HOPKINS EDUCATION FOUNDATION 1001 HIGHWAY 7 HOPKINS, MN 553054723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS ANIMAL SHELTER 2800 10TH ST SE BUFFALO, MN 553134802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST HUBERT ELEMENTARY SCHOOL 8201 MAIN STREET CHANHASSEN, MN 553179647	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GUARDIAN ANGELS SCHOOL & CHURCH 215 W 2ND ST CHASKA, MN 553181813	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEE IT UP FOR THE TROOPS INC 515 W TRAVELERS TRL BURNSVILLE, MN 553372548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REACH & RESTORE 4737 CO RD 101 STE 220 MINNETONKA, MN 553452634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ORONO FOUNDATION FOR EDUCATION PO BOX 211 LONG LAKE, MN 553560211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORONO FOUNDATION FOR EDUCATION PO BOX 211 LONG LAKE, MN 553560211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WOODRIDGE CHURCH 1500 COUNTY ROAD 24 LONG LAKE, MN 553569521	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
TANZANIA LIFE PROJECT 12 6TH ST NE APT 108 OSSEO, MN 553691055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUFF START RESCUE INCPO BOX 129 PRINCETON, MN 553710129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GLENDALE ELEMENTARY PARENT TEACHER 6601 CONNELLY PKWY SAVAGE, MN 553785602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SHAKOPEE AREA CATHOLIC SCHOOL 2700 17TH AVENUE E SHAKOPEE, MN 553794443	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LN VICTORIA, MN 553868228	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LN VICTORIA, MN 553868228	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ST THERESE SCHOOL 18323 MINNETONKA BLVD DEEPHAVEN, MN 553913231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THERESE SCHOOL 18323 MINNETONKA BLVD DEEPHAVEN, MN 553913231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST THERESE SCHOOL 18323 MINNETONKA BLVD DEEPHAVEN, MN 553913231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
HAMMER RESIDENCES INC 1909 EAST WAYZATA BLVD WAYZATA, MN 553912047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMER RESIDENCES INC 1909 EAST WAYZATA BLVD WAYZATA, MN 553912047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CASTING 4 CURES 1001 TWELVE OAKS CENTER DRIVE SUITE 1012 WAYZATA, MN 553914301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AEON 901 NORTH 3RD STREET SUITE 150 MINNEAPOLIS, MN 554011175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 333 WASHINGTON AVE N STE 105 MINNEAPOLIS, MN 554011352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 333 WASHINGTON AVE N STE 105 MINNEAPOLIS, MN 554011352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE HENNEPIN COUNTY LIBR 300 NICOLLET MALL SUITE N-290 MINNEAPOLIS, MN 554011925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE HENNEPIN COUNTY LIBR 300 NICOLLET MALL SUITE N-290 MINNEAPOLIS, MN 554011925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH STAR COMMUNITY ROWING PO BOX 582415 100 S 1ST STREET MINNEAPOLIS, MN 554012037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MACPHAIL CENTER FOR MUSIC 501 S 2ND ST MINNEAPOLIS, MN 554012383	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 554031141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 554031141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
YOUTHLINK41 N 12TH ST MINNEAPOLIS, MN 554031325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BRANDLAB110 N 5TH STREET MINNEAPOLIS, MN 554031608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE BRANDLAB110 N 5TH STREET MINNEAPOLIS, MN 554031608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF THE ARCHDIOCE 1200 2ND AVE S MINNEAPOLIS, MN 554032513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC ABUSE PROJECT INC 204 W FRANKLIN AVE MINNEAOPOLIS, MN 554042331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SCHOLARSHIP FUND OF THE MINNEAPOLIS 2115 STEVENS AVE MINNEAPOLIS, MN 554042534	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
PROJECT FOR PRIDE IN LIVING INC 1035 E FRANKLIN AVE MINNEAPOLIS, MN 554042920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THEATER COMPANY AND SCHOO 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AFRICA CLASSROOM CONNECTION 106 E 24TH ST MINNEAPOLIS, MN 554043522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHANGE INC 227 COLFAX AVE N STE 130 MINNEAPOLIS, MN 554051408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA PEACEBUILDING LEADERSHIP 2419 W 22ND ST MINNEAPOLIS, MN 554052318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	267
SWEDISH COUNCIL OF AMERICA 3030 WEST RIVER PARKWAY MINNEAPOLIS, MN 554062361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE LIFT GARAGEPO BOX 6992 MINNEAPOLIS, MN 554062815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN CONSORTIUM OF COMMUNIT 3137 CHICAGO AVENUE MINNEAPOLIS, MN 554071532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MENTAL HEALTH COLLECTIVE 3548 BRYANT AVE S MINNEAPOLIS, MN 554084119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CARONDELET CATHOLIC SCHOOL 3210 WEST 51ST STREET MINNEAPOLIS, MN 554102110	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE STE 100 MINNEAPOLIS, MN 554111870	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
COOKIE CART 1119 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CRAFT COUNCIL 1224 MARSHALL ST NE STE 200 MINNEAPOLIS, MN 554131089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
JEREMIAH PROGRAM 615 1ST AVE NE STE 210 MINNEAPOLIS, MN 554132982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
YOUTH PERFORMANCE COMPANY 3338 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 554143331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE SERVING PEOPLE INC CHARITIES 614 S 3RD ST MINNEAPOLIS, MN 554151104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 554151255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 554151255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 554151255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,860
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 554151255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
NATIONAL MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 554151255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JONES-HARRISON RESIDENCE CORPORATIO 3700 CEDAR LAKE AVE MINNEAPOLIS, MN 554164240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET HAVEN INC OF MINNESOTA PO BOX 19105 MINNEAPOLIS, MN 554190105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PET HAVEN INC OF MINNESOTA PO BOX 19105 MINNEAPOLIS, MN 554190105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COMPANIES TO CLASSROOMS INCORPORATE 8301 GRAND AVE S 200 BLOOMINGTON, MN 554202268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRECK SCHOOL123 OTTAWA AVE N MINNEAPOLIS, MN 554225124	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
NORMANDALE PTO PARENT TEACHER ORGAN 5701 NORMANDALE ROAD EDINA, MN 554242401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAN DO CANINES 9440 SCIENCE CTR DR NEW HOPE, MN 554283624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAN DO CANINES 9440 SCIENCE CTR DR NEW HOPE, MN 554283624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE FOOD GROUP MINNESOTA INC 8501 54TH AVE N NEW HOPE, MN 554283710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUICIDE AWARENESS-VOICES OF EDUCATI 8120 PENN AVE S STE 470 BLOOMINGTON, MN 554311322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRING LAKE PARK OEC FOUNDATION 1100 81ST AVE NE SPRING LK PK, MN 554322097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WISHES & MORE961 HILLWIND RD NE FRIDLEY, MN 554325911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PTA MINNESOTA CONGRESS 4501 W 102ND ST BLOOMINGTON, MN 554372610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MINNESOTA CONGRESS 4501 W 102ND ST BLOOMINGTON, MN 554372610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PINKY SWEAR FOUNDATION 7835 TELEGRAPH RD BLOOMINGTON, MN 554381133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BLOOMINGTON COMMUNITY FOUNDATION 10324 XYLON RD S BLOOMINGTON, MN 554382031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMINGTON COMMUNITY FOUNDATION 10324 XYLON RD S BLOOMINGTON, MN 554382031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EDINA ABC FOUNDATION 6754 VALLEY VIEW RD EDINA, MN 554391761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INTERFAITH OUTREACH AND COMMUNITY P 1605 COUNTY ROAD 101 N PLYMOUTH, MN 554472708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH OUTREACH AND COMMUNITY P 1605 COUNTY ROAD 101 N PLYMOUTH, MN 554472708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 554552010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST CHRISTMAS EVER INC PO BOX 439 CLOQUET, MN 557200439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEST CHRISTMAS EVER INC PO BOX 439 CLOQUET, MN 557200439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MESABI COMMUNITY ORCHESTRA PO BOX 600 VIRGINIA, MN 557920600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH LIBRARY FOUNDATION 520 W SUPERIOR ST DULUTH, MN 558021514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DULUTH LIBRARY FOUNDATION 520 W SUPERIOR ST DULUTH, MN 558021514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DULUTH YMCA PROPERTY INC 302 W 1ST ST DULUTH, MN 558021606	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH BALLET INC 230 W SUPERIOR STR SUITE 50 DULUTH, MN 558021629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DULUTH BALLET INC 230 W SUPERIOR STR SUITE 50 DULUTH, MN 558021629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHLAND FOUNDATION 202 W SUPERIOR ST STE 610 DULUTH, MN 558021944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 558022017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 558022017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 558022017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH SUPERIOR AREA COMMUNITY FOUN 222 E SUPERIOR ST STE 302 DULUTH, MN 558022277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DULUTH SUPERIOR AREA COMMUNITY FOUN 222 E SUPERIOR ST STE 302 DULUTH, MN 558022277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
DULUTH SUPERIOR AREA COMMUNITY FOUN 222 E SUPERIOR ST STE 302 DULUTH, MN 558022277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH POLICE FOUNDATION PO BOX 3305 DULUTH, MN 558033305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LAKEWOOD ELEMENTARY SCHOOL FOUNDATI 5207 N TISCHER RD DULUTH, MN 558049703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MILLER DWAN FOUNDATION 502 E 2ND ST DULUTH, MN 558051913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3877 STEBNER RD HERMANTOWN, MN 558111733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARSHALL SCHOOL1215 RICE LAKE RD DULUTH, MN 558112160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
MARSHALL SCHOOL1215 RICE LAKE RD DULUTH, MN 558112160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN LIGHTS FOUNDATION 4903 MATTERHORN DR 15190 DULUTH, MN 558113851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BENEDICTINE HEALTH CENTER 935 KENWOOD AVE DULUTH, MN 558114951	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SECOND HARVEST NORTHERN LAKES FOOD 4503 AIRPARK BLVD DULUTH, MN 558115737	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM ASSOCIATION OF NORTHERN MINN PO BOX 16823 DULUTH, MN 558160000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
BOYS CLUB OF DULUTHPO BOX 16435 DULUTH, MN 558160435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS CLUB OF DULUTHPO BOX 16435 DULUTH, MN 558160435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT LEGACY930 40TH ST NW ROCHESTER, MN 559014273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
RONALD MCDONALD HOUSE OF ROCHESTER 850 2ND ST SW ROCHESTER, MN 559022938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAYO CLINIC200 1ST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC200 1ST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,050
MAYO CLINIC200 1ST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIM RASMUSSON FOUNDATION 3038 SCANLAN LN NE ROCHESTER, MN 559067655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WINONA COMMUNITY FOUNDATION INC 51 E 4TH ST STE 314 WINONA, MN 559873509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
WINONA COMMUNITY FOUNDATION INC 51 E 4TH ST STE 314 WINONA, MN 559873509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC404 W FOUNTAIN ST ALBERT LEA, MN 560072437	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC POST OFFICE BOX 1245 ALBERT LEA, MN 560079918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
CROHNS & COLITIS FOUNDATION INC POST OFFICE BOX 1245 ALBERT LEA, MN 560079918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HERMANN MONUMENT SOCIETY PO BOX 643 NEW ULM, MN 560730643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GUSTAVUS ADOLPHUS COLLEGE 800 W COLLEGE AVE SAINT PETER, MN 560821485	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GUSTAVUS ADOLPHUS COLLEGE 800 W COLLEGE AVE SAINT PETER, MN 560821485	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY HUMANE SOCIETY 735 8TH ST NE SAINT CLOUD, MN 563040207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SAINT JOHNS UNIVERSITY PO BOX 7222 ATTN VICTORIA WEISEN COLLEGEVILLE, MN 563217222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
SAINT JOHNS UNIVERSITY PO BOX 7222 ATTN VICTORIA WEISEN COLLEGEVILLE, MN 563217222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOHNS UNIVERSITY PO BOX 7222 ATTN VICTORIA WEISEN COLLEGEVILLE, MN 563217222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVE N MOORHEAD, MN 565602307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PET FIXERS-SPAY NEUTER ASSISTANCE P PO BOX 104 BEMIDJI, MN 566190104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTON VOLUNTEER FIRE DEPARTMENT PO BOX 152 CANTON, SD 570130152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOME SOCIETY OF SOUTH DAK PO BOX 1749 SIOUX FALLS, SD 571011749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST FRANCIS HOUSE1301 E AUSTIN ST SIOUX FALLS, SD 571031408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS HOUSE1301 E AUSTIN ST SIOUX FALLS, SD 571031408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
LUNCH IS SERVED INC1600 E 12TH ST SIOUX FALLS, SD 571032279	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SANFORD HEALTH FOUNDATION 101 S REID ST STE 202 SIOUX FALLS, SD 571037062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDITH SANFORD BREAST CANCER FOUNDAT 2301 E 60TH STREET N SIOUX FALLS, SD 571040589	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
HELPLINE CENTER INC 1000 N WEST AVE STE 310 SIOUX FALLS, SD 571041314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE COMPASS CENTER1800 W 12TH ST SIOUX FALLS, SD 571043930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 800 N WEST AVE SIOUX FALLS, SD 571045720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
BOY SCOUTS OF AMERICA 800 N WEST AVE SIOUX FALLS, SD 571045720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 800 N WEST AVE SIOUX FALLS, SD 571045720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMBE300 W 11TH ST SIOUX FALLS, SD 571046306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION 220 S MINNESOTA AVE SIOUX FALLS, SD 571046314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
SIOUX FALLS HUMANE SOCIETY 3720 E BENSON RD SIOUX FALLS, SD 571049610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIOUX FALLS HUMANE SOCIETY 3720 E BENSON RD SIOUX FALLS, SD 571049610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
SIOUX FALLS HUMANE SOCIETY 3720 E BENSON RD SIOUX FALLS, SD 571049610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SIOUX FALLS CATHOLIC SCHOOL FOUNDAT 3100 W 41ST ST SIOUX FALLS, SD 571054222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LINCOLN HIGH SCHOOL BANDPARENTS 2900 S CLIFF AVE SIOUX FALLS, SD 571055125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
VOLUNTEERS OF AMERICA INC 1309 W 51ST ST SIOUX FALLS, SD 571056659	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
AVERA MCKENNANPO BOX 5045 SIOUX FALLS, SD 571170000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVERA MCKENNANPO BOX 5045 SIOUX FALLS, SD 571170000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	340
AUGUSTANA COLLEGE ASSOCIATION 2001 S SUMMIT AVE SIOUX FALLS, SD 571970001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
AUGUSTANA COLLEGE ASSOCIATION 2001 S SUMMIT AVE SIOUX FALLS, SD 571970001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE AREA TECHNICAL INSTITUTE FOUND 1201 ARROW AVE NE WATERTOWN, SD 572012959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WINNER REGIONAL HEALTH & WELLNESS F 745 EAST 8TH STREET WINNER, SD 575802631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 577308900	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF RANGE & THE AMERICAN M PO BOX 998 HOT SPRINGS, SD 577470998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
RE-MEMBERPO BOX 5054 PINE RIDGE, SD 577705054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FARGO MOORHEAD TRAILBUILDERS 556 LIZZIE PL E WEST FARGO, ND 580788500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA CASS CLAY3100 12TH AVE N FARGO, ND 581023070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTH DAKOTA HEART GALLERY 5201 BISHOPS BLVD S STE B FARGO, ND 581047605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
IMPACT FOUNDATION 4141 28TH AVENUE SOUTH FARGO, ND 581048403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT VOLLEYBALL CLUB LLC PO BOX 10212 FARGO, ND 581060212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UND ALUMNI ASSOCIATION AND FOUNDATI 3501 UNIV AVE STOP 8157 GRAND FORKS, ND 582020000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UND ALUMNI ASSOCIATION AND FOUNDATI 3501 UNIVERSITY AVE STOP 8157 GRAND FORKS, ND 582028157	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ALEXIUS MEDICAL CENTER 900 E BROADWAY AVE PO BOX 5510 BISMARCK, ND 585065510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ST ALEXIUS MEDICAL CENTER 900 E BROADWAY AVE PO BOX 5510 BISMARCK, ND 585065510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST ALEXIUS MEDICAL CENTER 900 E BROADWAY AVE PO BOX 5510 BISMARCK, ND 585065510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LABRE INDIAN SCHOOLPO BOX 77 ASHLAND, MT 590030077	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	35
HABITAT FOR HUMANITY INTERNATIONAL MID YELLOWSTONE VLY 1617 1ST AVE N BILLINGS, MT 591010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION OF MONTANA STATE UNIVERS 1500 UNIVERSITY DR BILLINGS, MT 591010245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF MONTANA STATE UNIVERS 1500 UNIVERSITY DR BILLINGS, MT 591010245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION OF MONTANA STATE UNIVERS 1500 UNIVERSITY DR BILLINGS, MT 591010245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLINGS FAMILY YMCA INC 402 N 32ND ST BILLINGS, MT 591011215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS FOOD BANK INC 2112 4TH AVE N BILLINGS, MT 591011402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YELLOWSTONE WESTERN HERITAGE CENTER 2822 MONTANA AVE BILLINGS, MT 591012305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 591021739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 591021739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,118
UNITED LUV PROJECT INC 2510 GRAND AVE BILLINGS, MT 591022625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 591030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 591030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YELLOWSTONE RIVER PARKS ASSOCIATION PO BOX 1201 NO 300 BILLINGS, MT 591031201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BILLINGS ROTARY FOUNDATION PO BOX 1491 BILLINGS, MT 591031491	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS ROTARY FOUNDATION PO BOX 1491 BILLINGS, MT 591031491	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
COMMUNITY LEADERSHIP AND DEVELOPMEN PO BOX 3381 BILLINGS, MT 591033381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
YELLOWSTONE BOYS AND GIRLS RANCH FO PO BOX 80807 BILLINGS, MT 591080807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC LAND WATER ACCESS ASSOCIATIO PO BOX 80987 BILLINGS, MT 591080987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROVISION INTERNATIONAL INC PO BOX 81694 BILLINGS, MT 591081694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PROVISION INTERNATIONAL INC PO BOX 81694 BILLINGS, MT 591081694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 820 17TH AVE S GREAT FALLS, MT 594055939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MONTANA WILDERNESS ASSOCIATION INC 80 S WARREN ST HELENA, MT 596015700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MONTANA TECH FOUNDATION 1300 W PARK ST BUTTE, MT 597018932	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 597172750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 597172750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 597172750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA FFA FOUNDATION INCORPORATED 502 S 19TH AVE STE 113 BOZEMAN, MT 597186827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
YELLOWSTONE CLUB COMMUNITY FOUNDACT 1111 RESEARCH DR STE B BOZEMAN, MT 597187476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BARRETT HOSPITAL FOUNDATION INC 600 HIGHWAY 91 SOUTH DILLON, MT 597250000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA RAPTOR CONSERVATION CENTER PO BOX 4061 BOZEMAN, MT 597724061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSSEX SCHOOL INC1800 S 2ND ST W MISSOULA, MT 598011532	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
MONTANA NATURAL HISTORY CENTER INC 120 HICKORY STREET MISSOULA, MT 598011820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECOLOGY PROJECT INTERNATIONAL 315 S 4TH ST E MISSOULA, MT 598012723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS & SISTERS OF MISSOULA 1520 S RUSSELL ST MISSOULA, MT 598013630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS & SISTERS OF MISSOULA 1520 S RUSSELL ST MISSOULA, MT 598013630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS & SISTERS OF MISSOULA 1520 S RUSSELL ST MISSOULA, MT 598013630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
MISSOULA INTERFAITH COLLABORATIVE 202 BROOKS ST MISSOULA, MT 598014019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER MISSOULA FAMILY YOUNG MENS 3000 S RUSSELL ST MISSOULA, MT 598018547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOREST FOUNDATION BLDG 27 SUITE 3 MISSOULA, MT 598040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,610
NATIONAL FOREST FOUNDATION BLDG 27 SUITE 3 MISSOULA, MT 598040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ONCOLOGY CAMP FOUNDATION PO BOX 1450 MISSOULA, MT 598061450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CAROUSEL FOR MISSOULA FOUNDATION PO BOX 3345 MISSOULA, MT 598063345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
A CAROUSEL FOR MISSOULA FOUNDATION PO BOX 3345 MISSOULA, MT 598063345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
A CAROUSEL FOR MISSOULA FOUNDATION PO BOX 3345 MISSOULA, MT 598063345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITEDPO BOX 7165 MISSOULA, MT 598077165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MONTANA INNOCENCE PROJECT PO BOX 7607 MISSOULA, MT 598077607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MISSOULA CULTURAL COUNCIL PO BOX 7662 MISSOULA, MT 598077662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 598078203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	290
MISSOULA CIVIC SYMPHONY ASSOCIATION PO BOX 8301 MISSOULA, MT 598078301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
WOMENS VOICES FOR THE EARTH PO BOX 8743 MISSOULA, MT 598078743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA FOOD BANK NETWORK INC 5625 EXPRESSWAY MISSOULA, MT 598089071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BITTER ROOT RESOURCE CONSERVATION A PO BOX 870 HAMILTON, MT 598400870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLATHEAD LAKERS INCPO BOX 70 POLSON, MT 598600070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLATHEAD FOOD BANK INC 1203 HWY 2 W STE 2 KALISPELL, MT 599010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SWAN VIEW COALITION INC 3165 FOOTHILL RD KALISPELL, MT 599018377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
VIOLENCE FREE CRISIS LINE PO BOX 1401 KALISPELL, MT 599031401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLATHEAD LAND TRUST INC PO BOX 1913 KALISPELL, MT 599031913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FLS, MT 599122749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 599190688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADWATERS MONTANA INC PO BOX 4310 WHITEFISH, MT 599374310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ABC 25 FOUNDATION 126 E WING ST 285 ARLINGTON HEIGHTS, IL 600046064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLEARBROOK1835 W CENTRAL RD ARLINGTON HEIQHTS, IL 600052410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS SAMOYED ASSISTANC PO BOX 218 ARLINGTON HTS, IL 600060218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARLINGTON HEIGHTS JUNIOR WOMANS CLU PO BOX 1512 ARLINGTON HEIGHTS, IL 600061512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CITIZENS FOUNDATION USA 2425 TOUHY AVE ELK GROVE VLG, IL 600075331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMAN DEVELOPMENT FOUNDATION OF 2775 ALGONQUIN RD STE 240 ROLLING MDWS, IL 600083831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN TELANGANA ASSOCIATION 44 WOOD OAKS DR S BARRINGTON, IL 600101092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
AMERICAN TELANGANA ASSOCIATION 44 WOOD OAKS DR S BARRINGTON, IL 600101092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN TELANGANA ASSOCIATION 44 WOOD OAKS DR S BARRINGTON, IL 600101092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
HOOVED ANIMAL RESCUE & PROTECTION S PO BOX 94 BARRINGTON, IL 600110094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DEERFIELD AREA HISTORICAL SOCIETY PO BOX 520 DEERFIELD, IL 600150520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ENRICHED LIVING 280 SAUNDERS RD RIVERWOODS, IL 600153835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CENTER FOR ENRICHED LIVING 280 SAUNDERS RD RIVERWOODS, IL 600153835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	294
HOPE FOR THE SILENT VOICES 310 FORSYTHIA DR DEERFIELD, IL 600154604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILLOWS ACADEMY 1015 ROSE AVENUE DES PLAINES, IL 600163321	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
HINDA INSTITUTE9401 MARGAIL AVE DES PLAINES, IL 600163810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,094
GLENCOE PTOPO BOX 243 GLENCOE, IL 600220243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF PERPETUAL HELP SCHOOL 1123 CHURCH STREET GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	675
OUR LADY OF PERPETUAL HELP SCHOOL 1123 CHURCH STREET GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,850
OUR LADY OF PERPETUAL HELP SCHOOL 1123 CHURCH STREET GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY ROWING ASSOCIATION I PO BOX 599 GLENVIEW, IL 600250599	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
OIL LAMP THEATER NFP 1723 GLENVIEW RD GLENVIEW, IL 600252903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HEART FOUNDATION PO BOX 2844 GLENVIEW, IL 600256844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEART FOUNDATION PO BOX 2844 GLENVIEW, IL 600256844	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOURNEYCARE FOUNDATION INC 2050 CLAIRE CT GLENVIEW, IL 600257635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JOURNEYCARE FOUNDATION INC 2050 CLAIRE CT GLENVIEW, IL 600257635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 600292000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,750
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 600292000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 600292000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPAY AND STAYPO BOX 145 GRAYSLAKE, IL 600300145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE, IL 600312735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ONE ACRE FUND1954 FIRST ST 183 HIGHLAND PARK, IL 600353104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENILWORTH UNITED FUND INC 419 RICHMOND RD KENILWORTH, IL 600431140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LAKE FOREST LAKE BLUFF LEARNING DIS PO BOX 588 LAKE FOREST, IL 600450588	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LAKE FOREST ACADEMY 1500 W KENNEDY RD LAKE FOREST, IL 600451047	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE FOREST ACADEMY 1500 W KENNEDY RD LAKE FOREST, IL 600451047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
LAKE FOREST ACADEMY 1500 W KENNEDY RD LAKE FOREST, IL 600451047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RAGDALE FOUNDATION 1260 N GREEN BAY RD LAKE FOREST, IL 600451106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAGDALE FOUNDATION 1260 N GREEN BAY RD LAKE FOREST, IL 600451106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LAKE FOREST OPEN LANDS ASSOCIATION 350 N WAUKEGAN RD LAKE FOREST, IL 600451620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SPIRIT OF 67 FOUNDATION 300 S WAUKEGAN ROAD LAKE FOREST, IL 600452110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRIT OF 67 FOUNDATION 300 S WAUKEGAN ROAD LAKE FOREST, IL 600452110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF LAKE FOREST PARKS AND RE 400 HASTINGS RD LAKE FOREST, IL 600452119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 600452338	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 600452338	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 600452338	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 600452338	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEARS CARE1920 FOOTBALL DRIVE LAKE FOREST, IL 600454829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DECLAN DRUMM SULLIVAN MEMORIAL FUND 3539 LONG GROVE RD LONG GROVE, IL 600475034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LAKE COUNTY HAVENPO BOX 127 LIBERTYVILLE, IL 600480127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER LEIGH CENTER FOR AUTISM 4100 VETERANS PKWY MCHENRY, IL 600508350	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CARMEL CATHOLIC HIGH SCHOOL 1 CARMEL PARKWAY MUNDELEIN, IL 600602499	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
CARMEL CATHOLIC HIGH SCHOOL 1 CARMEL PARKWAY MUNDELEIN, IL 600602499	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRIME STOPPERS INCPO BOX 459 MUNDELEIN, IL 600600459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CASA LAKE COUNTY INC 700 FOREST EDGE DR VERNON HILLS, IL 600613172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
ST NORBERT SCHOOL 1817 WALTERS AVENUE NORTHBROOK, IL 600624534	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	608
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER WELLNESS CENTER 215 REVERE DR NORTHBROOK, IL 600621556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NSSRA FOUNDATION 3105 MACARTHUR BLVD NORTHBROOK, IL 600621903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NSSRA FOUNDATION 3105 MACARTHUR BLVD NORTHBROOK, IL 600621903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLOMON SCHECHTER DAY SCHOOL OF MET 3210 DUNDEE RD NORTHBROOK, IL 600622341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
ELYSSAS MISSION NFP 900 SKOKIE BLVD STE 120 NORTHBROOK, IL 600624014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAK4KIDZ NFP2405 BRIAN DR NORTHBROOK, IL 600627608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
BOYS AND GIRLS CLUB OF LAKE COUNTY 1801 SHERIDAN RD STE 202 NORTH CHICAGO, IL 600642262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL HOUSE SHELTER INC 1628 COLONIAL PARKWAY INVERNESS, IL 600671226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HOUSE SHELTER INC 1628 COLONIAL PARKWAY INVERNESS, IL 600671226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LITTLE CITY FOUNDATION 1760 WEST ALGONQUIN ROAD PALATINE, IL 600674799	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CARPENTER SCHOOL PTO 300 N HAMLIN AVE PARK RIDGE, IL 600682924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVE DREAMS515 BUSSE HWY STE 150 PARK RIDGE, IL 600683155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MATTHEW F SULLIVAN HANDS FOR HEARTS PO BOX 244 LINCOLNSHIRE, IL 600690244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IMPACT 100 CHICAGO NFPPO BOX 607 PALATINE, IL 600780607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG AT HEART PET RESCUE INC PO BOX 1293 PALATINE, IL 600781293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NORTHERN IL HELPING HANDS FOOD PANT PO BOX 132 SPRING GROVE, IL 600810132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL 315 N MARTIN LUTHER KING JR AVE WAUKEGAN, IL 600850000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGSWOOD UNITED METHODIST CHURCH 401 W DUNDEE RD BUFFALO GROVE, IL 600893441	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CURED NFP2937 BAYBERRY DR BUFFALO GROVE, IL 600896657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST FRANCIS XAVIER SCHOOL 808 LINDEN AVENUE WILMETTE, IL 600912711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT 39 EDUCATIONAL FOUNDATION 615 LOCUST RD WILMETTE, IL 600912237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNCORKED ADVENTURES NFP 2140 WASHINGTON AVE WILMETTE, IL 600912373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WARMING HOUSE YOUTH CENTER 1187 WILMETTE AVE 152 WILMETTE, IL 600912719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISE INTERNATIONAL NFPPO BOX 81 WINNETKA, IL 600930081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
RISE INTERNATIONAL NFP 790 FRONTAGE RD STE 321 NORTHFIELD, IL 600931204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RISE INTERNATIONAL NFP 790 FRONTAGE RD STE 321 NORTHFIELD, IL 600931204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF THE ISRAEL SPOR 1 NORTHFIELD PLZ STE 300 NORTHFIELD, IL 600931214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE ALLIANCE FOR EARLY CHILDHOOD 1235 OAK ST WINNETKA, IL 600932168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR PLACE OF NEW TRIER TOWNSHIP INC 370 CHESTNUT ST WINNETKA, IL 600932415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PLACE OF NEW TRIER TOWNSHIP INC 370 CHESTNUT ST WINNETKA, IL 600932415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HADLEY INSTITUTE FOR THE BLIND AND 700 ELM ST WINNETKA, IL 600932506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HADLEY INSTITUTE FOR THE BLIND AND 700 ELM ST WINNETKA, IL 600932506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HADLEY INSTITUTE FOR THE BLIND AND 700 ELM ST WINNETKA, IL 600932506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
NEW TRIER TOWNSHIP HIGH SCHOOL DIST 7 HAPP RD NORTHFIELD, IL 600933411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CRYSTAL LAKE MONTESSORI SCHOOL 3013 S COUNTRY CLUB RD WOODSTOCK, IL 600988017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SOPHIAS FORGOTTEN FELINES PO BOX 575 ADDISON, IL 601010575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARENT AND TEACHERS OF SYCAMORE TRA 1025 SYCAMORE LN BARTLETT, IL 601035654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FOUR PAWS ANIMAL FOUNDATION PO BOX 8260 BARTLETT, IL 601038260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED LEUKODYSTROPHY FOUNDATIO 224 N 2ND ST STE 2 DEKALB, IL 601153293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,650
ELGIN LIONS CLUB FOUNDATION PO BOX 276 ELGIN, IL 601210276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTMINSTER CHRISTIAN SCHOOL 2700 W HIGHLAND AVENUE ELGIN, IL 601247948	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION GRADE SCHOOL 132 ARTHUR STREET ELMHURST, IL 601263325	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
PERMANENTLY DISABLED JOCKEYS FUND I PO BOX 803 ELMHURST, IL 601260803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TIMOTHY CHRISTIAN SCHOOLS 188 W BUTTERFIELD RD ELMHURST, IL 601265073	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIMOTHY CHRISTIAN SCHOOLS 188 W BUTTERFIELD RD ELMHURST, IL 601265073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
PARTNERSHIP FOR EDUCATIONAL PROGRES 596 CRESCENT BLVD GLEN ELLYN, IL 601374200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GLENOAKS HOSPITAL FOUNDATION 701 WINTHROP AVE GLENDALE HTS, IL 601391405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENOAKS HOSPITAL FOUNDATION 701 WINTHROP AVE GLENDALE HTS, IL 601391405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL SPASMODIC DYSPHONIA ASSOCI 300 PARK BLVD STE 335 ITASCA, IL 601432629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL SPASMODIC DYSPHONIA ASSOCI 300 PARK BLVD STE 335 ITASCA, IL 601432629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC MEDICAL ASSOCIATION OF NORT 101 W 22ND ST STE 106 LOMBARD, IL 601484997	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MIDWEST LABRADOR RETRIEVER RESCUE PO BOX 1473 LOMBARD, IL 601488473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SECOND CITY CANINE RESCUE PO BOX 721094 ROSELLE, IL 601727094	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ACADEMY OF DERMATOLOGY INC 930 E WOODFIELD RD SCHAUMBURG, IL 601734729	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
YOUTH ROBOTICS AND STEM EDUCATION F 3480 SWENSON AVE SAINT CHARLES, IL 601743450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIONS OF ILLINOIS FOUNDATION 2254 OAKLAND DRIVE SYCAMORE, IL 601783117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIONS OF ILLINOIS FOUNDATION 2254 OAKLAND DRIVE SYCAMORE, IL 601783117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHICAGO TYAGARAJA UTSAVAM 129 N ARDMORE AVE VILLA PARK, IL 601812350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS DUPAGE AND THE FOX VAL 830 S ADDISON AVE VILLA PARK, IL 601812877	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST OF THE WORLD MINISTRY 1324 SNOWBERRY LN WEST CHICAGO, IL 601855965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OAKSEED MINISTRIES INTERNATIONAL PO BOX 1139 WHEATON, IL 601871139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
JUST OF DUPAGEPO BOX 1253 WHEATON, IL 601871253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SHELTER SERVICE INC 605 E ROOSEVELT RD WHEATON, IL 601875586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRIAR GLEN PARENT TEACHER COUNCIL 1800 BRIARCLIFFE BLVD WHEATON, IL 601898499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
FRIENDS OF THE FOREST PRESERVE DIST 3S580 NAPERVILLE RD WHEATON, IL 601898761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAIRIE CENTER ARTS FOUNDATION 201 SCHAUMBURG CT SCHAUMBURG, IL 601931878	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,329
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSHORE UNIVERSITY HEALTHSYSTEM 1033 UNIVERSITY PL STE 450 EVANSTON, IL 602013172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NORTHSHORE UNIVERSITY HEALTHSYSTEM 1033 UNIVERSITY PL STE 450 EVANSTON, IL 602013172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
ALPHA PHI FOUNDATION INC 1930 SHERMAN AVE EVANSTON, IL 602013214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PHI FOUNDATION INC 1930 SHERMAN AVE EVANSTON, IL 602013214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
YOUTH JOB CENTER INC 1114 CHURCH ST EVANSTON, IL 602013604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YOUTH JOB CENTER INC 1114 CHURCH ST EVANSTON, IL 602013604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH JOB CENTER INC 1114 CHURCH ST EVANSTON, IL 602013604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 602014517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,539
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,490
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,654
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	667
THE ACTORS GYMNASIUM INC 927 NOYES STREET EVANSTON, IL 602016206	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICE CHILDRENS CENTER 1101 WASHINGTON ST EVANSTON, IL 602021619	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
EVANSTON DANCE ENSEMBLE 1934 DEMPSTER ST EVANSTON, IL 602021016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EVANSTON TOWNSHIP HIGH SCHOOL DISTR 1600 DODGE AVE EVANSTON, IL 602043450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ART DECO SOCIETY PO BOX 1116 EVANSTON, IL 602041116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST OAK PARK, IL 603011314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST OAK PARK, IL 603011314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	253
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEPHZIBAH CHILDRENS ASSOCIATION 1144 LAKE ST STE 500 OAK PARK, IL 603016705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THRIVE COUNSELING CENTER 120 S MARION ST OAK PARK, IL 603022809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OAK PARK REGIONAL HOUSING CENTER 1041 SOUTH BLVD OAK PARK, IL 603022811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CARE LEAGUE1013 GARFIELD OAK PARK, IL 603041828	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
WEST SUBURBAN MONTESSORI SCHOOL INC 1039 S EAST AVE OAK PARK, IL 603042103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
WEST SUBURBAN MONTESSORI SCHOOL INC 1039 S EAST AVE OAK PARK, IL 603042103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT FERRER ELEMENTARY SCHOOL 1515 LATHROP AVENUE RIVER FOREST, IL 603051121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
OPPORTUNITY KNOCKS 8020 MADISON ST RIVER FOREST, IL 603052027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	256
ALICIAS HOUSEPO BOX 1232 BEECHER, IL 604011232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC DIOCESE OF JOLIET 16555 WEBER RD CREST HILL, IL 604038719	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF THE DIOCESE O 16555 WEBER RD CREST HILL, IL 604038719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WILL COUNTY HUMANE SOCIETY 24109 W SEIL RD SHOREWOOD, IL 604046600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LULUS LOCKER RESCUEPO BOX 321 FRANKFORT, IL 604230321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRANKFORT SCHOOL DISTRICT 157C FOUN 10482 NEBRASKA ST FRANKFORT, IL 604232235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATINAL I PO BOX 3339 JOLIET, IL 604343339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILL-JOLIET BICENTENNIAL PARK INC 201 W JEFFERSON ST AT BLUFF JOLIET, IL 604350000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR DISABILITY SERVICES 311 S REED ST JOLIET, IL 604362050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TURNING POINT USA NFP 217 1/2 ILLINOIS ST LEMONT, IL 604395400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEE ONE FOUNDATION INC 11855 ARCHER AVE LEMONT, IL 604396727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOLINGBROOK HIGH SCHOOL MUSIC BOOST 365 RAIDER WAY BOLINGBROOK, IL 604404893	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	193
VICTORY APOSTOLIC CHURCH 20801 MATTESON AVE MATTESON, IL 604432101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREMEN CHSD 22815233 PULASKI RD MIDLOTHIAN, IL 604453799	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
LEWIS UNIVERSITY ONE UNIVERSITY PKWY ROMEOVILLE, IL 604462200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
LEWIS UNIVERSITY ONE UNIVERSITY PKWY ROMEOVILLE, IL 604462200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT ENABLING RESIDENCES OF ILL 15841 TERRACE DR OAK FOREST, IL 604522911	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SOUTHWEST OAK LAWN YOUTH FOOTBALL L PO BOX 722 OAK LAWN, IL 604535124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 604820639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 604820639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,720
METEA VALLEY HIGH SCHOOL 1801 N EOLA RD AURORA, IL 605027065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
G3 POWERHOUSE 1628 VICTORIA PARK CIR AURORA, IL 605044583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PODZ MEMORIAL FOUNDATION 1615 COLCHESTER LN AURORA, IL 605059501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
IMSA FUND FOR ADVANCEMENT OF EDUCAT 1500 SULLIVAN RD AURORA, IL 605061067	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	775
PUBLIC ACTION TO DELIVER SHELTER IN 659 S RIVER ST AURORA, IL 605065551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALICE GUSTAFSON SCHOOL PARENT-TEACH 905 CARLISLE RD BATAVIA, IL 605103024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALICE GUSTAFSON SCHOOL PARENT-TEACH 905 CARLISLE RD BATAVIA, IL 605103024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 605130719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT ELEMENTARY SCHOOL PARENT T 100 N PROSPECT AVE CLARENDON HLS, IL 605141230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR ANGELMAN SYNDROME TH PO BOX 608 DOWNERS GROVE, IL 605150608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,849
FOUNDATION FOR ANGELMAN SYNDROME TH PO BOX 608 DOWNERS GROVE, IL 605150608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	337
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ANGELMAN SYNDROME TH PO BOX 608 DOWNERS GROVE, IL 605150608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
DOWNERS OWN LITTLE LASSIES SOFTBALL PO BOX 628 DOWNERS GROVE, IL 605150628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DOWNERS OWN LITTLE LASSIES SOFTBALL PO BOX 628 DOWNERS GROVE, IL 605150628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
COMMUNITY ADULT DAY CENTER INC 4501 MAIN ST DOWNERS GROVE, IL 605152881	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYBODY PLAYS AT PUFFER 2220 HADDOW AVE DOWNERS GROVE, IL 605153211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WATTS OF LOVE 900 WARREN AVE STE 3 DOWNERS GROVE, IL 605153668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATTS OF LOVE 900 WARREN AVE STE 3 DOWNERS GROVE, IL 605153668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVERY COONLEY SCHOOL 1400 MAPLE AVENUE DOWNERS GROVE, IL 605154849	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AVERY COONLEY SCHOOL 1400 MAPLE AVENUE DOWNERS GROVE, IL 605154849	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	275
AVERY COONLEY SCHOOL 1400 MAPLE AVENUE DOWNERS GROVE, IL 605154849	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SWIFTY FOUNDATION 3916 SARAZEN CT WOODRIDGE, IL 605171490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
THE SWIFTY FOUNDATION 3916 SARAZEN CT WOODRIDGE, IL 605171490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HINSDALE HUMANE SOCIETY 22 N ELM ST HINSDALE, IL 605213702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MUSLIM WOMENS ALLIANCE PO BOX 3354 OAK BROOK, IL 605223354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES INC ONE KROC DR OAK BROOK, IL 605230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC ONE KROC DR OAK BROOK, IL 605230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OAK BROOK PARK DISTRICT FOUNDATION 1450 FOREST GATE RD OAK BROOK, IL 605232159	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MARY DIAZ PANCREATIC CANCER FUND 1000 JORIE BLVD 10 OAK BROOK, IL 605232214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAND IN HAND USA 710 SAINT JOSEPHS DR OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,381
HAND IN HAND USA 710 SAINT JOSEPHS DR OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
HAND IN HAND USA 710 SAINT JOSEPHS DR OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAND IN HAND USA 710 SAINT JOSEPHS DR OAK BROOK, IL 605232554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,020
LIONS CLUBS INTERNATIONAL FTDN 300 W 22ND ST OAK BROOK, IL 605238842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OGDEN AVE ELEM SCHOOL 501 W OGDEN AVE LA GRANGE, IL 605251850	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGING CARE CONNECTIONS 111 W HARRIS AVE LAGRANGE, IL 605252336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AGING CARE CONNECTIONS 111 W HARRIS AVE LAGRANGE, IL 605252336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL TAIWAN UNIVERSITY ACADEMIC 38 RIDGEFIELD LN WILLOWBROOK, IL 605275200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MULLIGANEERS INC6340 TREMONT ST WILLOWBROOK, IL 605275476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULLIGANEERS INC6340 TREMONT ST WILLOWBROOK, IL 605275476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTH SOUTH FOUNDATION 2 MARISSA CT BURR RIDGE, IL 605276864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	343
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 605321293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE UNIVERSITY 5700 COLLEGE RD LISLE, IL 605322851	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
GIANT STEPS ILLINOIS INC 2500 CABOT DR LISLE, IL 605323607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MOOSEHEART CHILD CITY & SCHOOL INC 155 S INTERNATIONAL DRIVE MOOSEHEART, IL 605390000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINTE AUTISM FOUNDATION 1500 W OGDEN AVE NAPERVILLE, IL 605403919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LITERACY VOLUNTEERS OF AMERICA 24W500 MAPLE AVE NAPERVILLE, IL 605406057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TREE FUND-TREE RESEARCH & EDUCATION 552 S WASHINGTON ST STE 109 NAPERVILLE, IL 605406669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS AGAINST CANCER INC 2505 DESPLAINES AVE RIVERSIDE, IL 605461521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS AGAINST CANCER INC 2505 DESPLAINES AVE RIVERSIDE, IL 605461521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARAMBEE NFPPO BOX 1724 N RIVERSIDE, IL 605465724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDWICH CUSD 430720 S WELLS ST SANDWICH, IL 605482493	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST JOHN OF THE CROSS PARISH SCHOOL 708 51ST STREET WESTERN SPRINGS, IL 605581925	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN OF THE CROSS PARISH SCHOOL 708 51ST STREET WESTERN SPRINGS, IL 605581925	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
PROSTATE CANCER FOUNDATION OF CHICA 815 PASQUINELLI DR WESTMONT, IL 605591276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PROSTATE CANCER FOUNDATION OF CHICA 815 PASQUINELLI DR WESTMONT, IL 605591276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINDHI ASSOCIATION OF METROPOLITAN 232 E 57TH ST WESTMONT, IL 605592079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
I SUPPORT COMMUNITY NFP 790 ROYAL ST GEORGE DR STE 141-134 NAPERVILLE, IL 605631499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST PATRICK RESIDENCE 1400 BROOKDALE RD NAPERVILLE, IL 605632126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS CONGRESS OF PARENTS TEACHE 3731 LAWRENCE DR NAPERVILLE, IL 605644176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
MAX LACEWELL CHARITABLE FOUNDATION PO BOX 9715 NAPERVILLE, IL 605644404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOX VALLEY SWIM TEAMPO BOX 9135 NAPERVILLE, IL 605670135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GLOBAL FOODBANKING NETWORK 70 EAST LAKE STREET SUITE 1200 CHICAGO, IL 606011263	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
DYSTONIA MEDICAL RESEARCH FOUNDATIO ONE E WACKER DR SUITE 1730 CHICAGO, IL 606011980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DYSTONIA MEDICAL RESEARCH FOUNDATIO ONE E WACKER DR SUITE 1730 CHICAGO, IL 606011980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,331
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,633
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE STE 2000 CHICAGO, IL 606012104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000,000
FEEDING AMERICA35 E WACKER DR CHICAGO, IL 606012314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CHICAGO THEATRE GROUP INC 170 N DEARBORN ST CHICAGO, IL 606013205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,415
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BUSINESS CHICAGO 177 N STATE STREET SUITE 500 CHICAGO, IL 606013611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET 410 CHICAGO, IL 606015959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,533
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST STE 720 CHICAGO, IL 606015963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST STE 720 CHICAGO, IL 606015963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST STE 720 CHICAGO, IL 606015963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MUSIC AND DANCE THEATER CHICAGO INC 205 E RANDOLPH DR CHICAGO, IL 606016530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS EQUAL JUSTICE FOUNDATION 180 N STETSON AVE STE 820 CHICAGO, IL 606016830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAMP RAMAH IN WISCONSIN INC 65 E WACKER PL STE 1200 CHICAGO, IL 606017241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH ST CHICAGO, IL 606017504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH ST CHICAGO, IL 606017504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH ST CHICAGO, IL 606017504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JEWISH COUNCIL FOR YOUTH SERVICES 150 N MICHIGAN AVE STE 640 CHICAGO, IL 606017524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAIN LOCKE CHARTER SCHOOL 150 N MICHIGAN AVE STE 2100 CHICAGO, IL 606017559	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ILLINOIS ARTS ALLIANCE 70 EAST LAKE STREET SUITE 420 CHICAGO, IL 606017689	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OUR SERBS CHARITABLE ORGANIZATION 155 N MICHIGAN AVE STE 205 CHICAGO, IL 606017982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PARKS 17 N STATE ST STE 1450 ATTN DIRECTOR OF NEIGHBORHOOD PARKS CHICAGO, IL 606024072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE PARKS 17 N STATE ST STE 1450 ATTN DIRECTOR OF NEIGHBORHOOD PARKS CHICAGO, IL 606024072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE PARKS 17 N STATE ST STE 1450 ATTN DIRECTOR OF NEIGHBORHOOD PARKS CHICAGO, IL 606024072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN FAMILY SERVICES 1 N DEARBORN S SUITE 1000 CHICAGO, IL 606024322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
METROPOLITAN FAMILY SERVICES 1 N DEARBORN S SUITE 1000 CHICAGO, IL 606024322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WOMENS BUSINESS DEVELOPMENT CENTER 8 S MICHIGAN AVE STE 400 CHICAGO, IL 606033471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL INNOVATIONS CENTER INC 135 S LA SALLE ST STE 2125 CHICAGO, IL 606034401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	142,000
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE FL 10 CHICAGO, IL 606042318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE FL 10 CHICAGO, IL 606042318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 SOUTH MICHIGAN AVE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO SYMPHONY ORCHESTRA 220 SOUTH MICHIGAN AVE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO SYMPHONY ORCHESTRA 220 SOUTH MICHIGAN AVE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS INC 141 W JACKSON BLVD STE 1400A CHICAGO, IL 606043188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EASTER SEALS INC 141 W JACKSON BLVD STE 1400A CHICAGO, IL 606043188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EASTER SEALS INC 141 W JACKSON BLVD STE 1400A CHICAGO, IL 606043188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMINARTS CULTURAL FOUNDATION AT TH 65 W JACKSON STE 907 CHICAGO, IL 606043598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
FIELD MUSEUM OF NATURAL HISTORY 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FIELD MUSEUM OF NATURAL HISTORY 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052496	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ENJOY EXERCISE NOW PO BOX 06255 CHICAGO, IL 606060255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KIDS ENJOY EXERCISE NOW PO BOX 06255 CHICAGO, IL 606060255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KIDS ENJOY EXERCISE NOW PO BOX 06255 CHICAGO, IL 606060255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKILLS FOR CHICAGOLANDS FUTURE 191 N WACKER DR STE 1150 CHICAGO, IL 606061934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST STE 700 CHICAGO, IL 606063207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST STE 700 CHICAGO, IL 606063207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST STE 700 CHICAGO, IL 606063207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST STE 700 CHICAGO, IL 606063207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,125
DIABETES EDUCATION RESEARCH FOUNDAT 200 W MADISON STREET SUITE 800 CHICAGO, IL 606063414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE 14TH FLOOR CHICAGO, IL 606064429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE 14TH FLOOR CHICAGO, IL 606064429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,025
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO CARES INC 2 NORTH RIVERSIDE PLAZA STE 1800 CHICAGO, IL 606065107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS INC 233 S WACKER DR STE 2400 CHICAGO, IL 606066410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD SUITE 2100 CHICAGO, IL 606066910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD SUITE 2100 CHICAGO, IL 606066910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD SUITE 2100 CHICAGO, IL 606066910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD SUITE 2100 CHICAGO, IL 606066910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	109
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD SUITE 2100 CHICAGO, IL 606066910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETTER GOVERNMENT ASSOCIATION INC 223 WEST JACKSON BOULEVARD SUITE 300 CHICAGO, IL 606066912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BETTER GOVERNMENT ASSOCIATION INC 223 WEST JACKSON BOULEVARD SUITE 300 CHICAGO, IL 606066912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL COUNCIL OF YOUNG MENS CHRI 101 N WACKER DR FL 16 CHICAGO, IL 606067310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY FOCUS INC 310 S PEORIA ST STE 301 CHICAGO, IL 606073534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
FAMILY FOCUS INC 310 S PEORIA ST STE 301 CHICAGO, IL 606073534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
POLICE CHAPLAINS MINISTRY FUND 1140 WEST JACKSON BLVD CHICAGO, IL 606073793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS SOCIETY OF ILLINOIS 411 S WELLS ST STE 503 CHICAGO, IL 606073924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LUPUS SOCIETY OF ILLINOIS 411 S WELLS ST STE 503 CHICAGO, IL 606073924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE FOREST PRESERVES 411 S WELLS ST STE 300 CHICAGO, IL 606073927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDTOWN EDUCATIONAL FOUNDATION 718 SOUTH LOOMIS STREET CHICAGO, IL 606074010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MIDTOWN EDUCATIONAL FOUNDATION 718 SOUTH LOOMIS STREET CHICAGO, IL 606074010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HFS CHICAGO SCHOLARS 1074 W TAYLOR STREET 201 CHICAGO, IL 606074380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHILDRENS ADVOCACY CENTER 1240 S DAMEN AVE CHICAGO, IL 606081122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
CHICAGO CHILDRENS ADVOCACY CENTER 1240 S DAMEN AVE CHICAGO, IL 606081122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
ST IGNATIUS COLLEGE OF CHICAGO 1076 W ROOSEVELT RD CHICAGO, IL 606081531	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE OF CHICAGO 1076 W ROOSEVELT RD CHICAGO, IL 606081531	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH ST CHICAGO, IL 606082706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
REELING AND HEALING OF THE MIDWEST 540 N DEARBORN ST PO BOX 10469 CHICAGO, IL 606101027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 606101403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 606101403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
MARWEN FOUNDATION 833 NORTH ORLEANS STREET CHICAGO, IL 606103181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOODY BIBLE INSTITUTE OF CHICAGO 820 N LA SALLE DR CHICAGO, IL 606103214	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FLEISCHER FOUNDATION NFP 1030 N STATE ST APT 23D CHICAGO, IL 606105498	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
A RED ORCHID THEATRE 1531 NORTH WELLS CHICAGO, IL 606107752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A RED ORCHID THEATRE 1531 NORTH WELLS CHICAGO, IL 606107752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
VETERANS RESTORATIVE PROJECT 237 E DELAWARE 6B CHICAGO, IL 606111713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DIGESTIVE HEALTH FOUNDATION 251 E HURON ST STE 3-200 CHICAGO, IL 606112908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE PR DEPT BOX 269 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE PR DEPT BOX 269 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PARKS FOUNDATION 541 N FAIRBANKS COURT- 7TH FLOOR CHICAGO, IL 606113319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHICAGO PARKS FOUNDATION 541 N FAIRBANKS COURT- 7TH FLOOR CHICAGO, IL 606113319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,001
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	273
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 401 NORTH MICHIGAN AVENUE CHICAGO, IL 606114255	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
PURSUE SCHOLARS NFP 2924 W FULTON ST CHICAGO, IL 606121708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,750
PURSUE SCHOLARS NFP 2924 W FULTON ST CHICAGO, IL 606121708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURSUE SCHOLARS NFP 2924 W FULTON ST CHICAGO, IL 606121708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ST LEONARDS MINISTRIES 2100 W WARREN BOULEVARD CHICAGO, IL 606122310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
REVIVE CENTER FOR HOUSING AND HEALI 1668 W OGDEN AVE CHICAGO, IL 606123249	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO COMMUNITY BOND FUND 601 S CALIFORNIA AVE CHICAGO, IL 606123305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SNOW CITY ARTS FOUNDATION 1653 W CONGRESS PARKWAY K103 CHICAGO, IL 606123839	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SNOW CITY ARTS FOUNDATION 1653 W CONGRESS PARKWAY K103 CHICAGO, IL 606123839	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVENSWOOD ELEM SCHOOL 4332 N PAULINA ST CHICAGO, IL 606131220	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	244
HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 606132010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIGIS PLAYHOUSE INC 3948 N LINCOLN AVE CHICAGO, IL 606132432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE THERAPY CORPS INC 1700 W IRVING PARK ROAD SUITE 311 CHICAGO, IL 606132462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CLEMENT SCHOOL 2524 NORTH ORCHARD STREET CHICAGO, IL 606142536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
ST TERESA OF AVILA CAMPUS 1950 N KENMORE AVENUE CHICAGO, IL 606144918	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
ST TERESA OF AVILA CAMPUS 1950 N KENMORE AVENUE CHICAGO, IL 606144918	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LINCOLN INC 615 W KEMPER PLACE CHICAGO, IL 606140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
FRIENDS OF OSCAR MAYER SCHOOL 2250 NORTH CLIFTON AVE CHICAGO, IL 606140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
FRIENDS OF OSCAR MAYER SCHOOL 2250 NORTH CLIFTON AVE CHICAGO, IL 606140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO BAUHAUS AND BEYOND PO BOX 14009 CHICAGO, IL 606140009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO BAUHAUS AND BEYOND PO BOX 14009 CHICAGO, IL 606140009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF ALCOTT SCHOOL 2625 N ORCHARD ST CHICAGO, IL 606141573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ALCOTT SCHOOL 2625 N ORCHARD ST CHICAGO, IL 606141573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,650
HONOR FLIGHT CHICAGO CORP 938 W MONTANA ST CHICAGO, IL 606142409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARILLAC ST VINCENT MINISTRIES INC 2145 N HALSTED ST CHICAGO, IL 606144315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARILLAC ST VINCENT FAMILY SERVICES PO BOX 14699 CHICAGO, IL 606144366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MARILLAC ST VINCENT FAMILY SERVICES PO BOX 14699 CHICAGO, IL 606144366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARILLAC ST VINCENT FAMILY SERVICES PO BOX 14699 CHICAGO, IL 606144366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARILLAC ST VINCENT FAMILY SERVICES PO BOX 14699 CHICAGO, IL 606144366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
MARILLAC ST VINCENT FAMILY SERVICES PO BOX 14699 CHICAGO, IL 606144366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOCAL ECONOMIC & EMPLOYEMENT DEVELO 1866 NORTH MARCEY CHICAGO, IL 606144820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	696
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL ECONOMIC & EMPLOYEMENT DEVELO 1866 NORTH MARCEY CHICAGO, IL 606144820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LINCOLN PARK COOPERATIVE NURSERY SC 1753 N FERN CT CHICAGO, IL 606145606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHOOSE CHICAGO FOUNDATION 301 EAST CERMAK ROAD CHICAGO, IL 606161578	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
VANDERCOOK COLLEGE OF MUSIC 3140 S FEDERAL ST CHICAGO, IL 606163716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERCOOK COLLEGE OF MUSIC 3140 S FEDERAL ST CHICAGO, IL 606163716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
VANDERCOOK COLLEGE OF MUSIC 3140 S FEDERAL ST CHICAGO, IL 606163716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S FEDERAL STREET 205 CHICAGO, IL 606163732	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINK UNLIMITED2221 S STATE STREET CHICAGO, IL 606163894	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EPIC ACADEMY8255 S HOUSTON AVE CHICAGO, IL 606172148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTH PARK ELEMENTARY SCHOOL ASSOCI 2017 W MONTROSE AVE CHICAGO, IL 606181713	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF COONLEY SCHOOL 4046 N LEAVITT ST CHICAGO, IL 606182922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
EIGHTH BLACKBIRD PERFORMING ARTS AS 4045 N ROCKWELL ST CHICAGO, IL 606183720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
DEPAUL COLLEGE PREP FOUNDATION 3633 N CALIFORNIA AVE CHICAGO, IL 606184602	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LANE2501 W ADDISON ST CHICAGO, IL 606185902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ALIVE RESCUE2227 W BELMONT AVE CHICAGO, IL 606186420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHRIST THE KING ELEMENTARY SCHOOL 9240 S HOYNE AVENUE CHICAGO, IL 606205603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PREP CHTR ACAD ENGLEWOOD HS 6201 S STEWART AVE CHICAGO, IL 606213247	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
PRIMO CENTER FOR WOMEN AND CHILDREN 6212 S SANGAMON ST CHICAGO, IL 606212006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PRIMO CENTER FOR WOMEN AND CHILDREN 6212 S SANGAMON ST CHICAGO, IL 606212006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIMO CENTER FOR WOMEN AND CHILDREN 6212 S SANGAMON ST CHICAGO, IL 606212006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST BERNARD HOSPITAL326 W 64TH ST CHICAGO, IL 606213114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST MARY OF THE ANGELS SCHOOL 1810 N HERMITAGE AVENUE CHICAGO, IL 606221101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY OF THE ANGELS SCHOOL 1810 N HERMITAGE AVENUE CHICAGO, IL 606221101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,700
FRANCISCAN OUTREACH 1645 W LEMOYNE ST CHICAGO, IL 606222240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRANCISCAN OUTREACH 1645 W LEMOYNE ST CHICAGO, IL 606222240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA CENTRAL SOCIAL SERVICES CORPOR 1343 N CALIFORNIA AVE CHICAGO, IL 606222803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SOUTHWEST DEVELOPMENT CORPO 2875 W 19TH ST CHICAGO, IL 606233501	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50,000
ENLACE CHICAGO2756 S HARDING CHICAGO, IL 606234407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BREAKTHROUGH URBAN MINISTRIES INC 402 N ST LOUIS AVE CHICAGO, IL 606241332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRIFFIN THEATRE COMPANY 5301 N DAMEN AVE CHICAGO, IL 606251103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF CHAPPELL SCHOOL 2135 W FOSTER AVE CHICAGO, IL 606251268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	764
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	517
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	708
EDISON PARENT-TEACHER ORGANZATION I 4929 N SAWYER AVE CHICAGO, IL 606255008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,100
WELLES PARK PARENTS ASSOCIATION PO BOX 257840 CHICAGO, IL 606257840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING OPPORTUNITIES FOR WOMEN INC 1607 WEST HOWARD CHICAGO, IL 606263520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REFLECTIONS FOUNDATION 10816 S PARNELL AVE CHICAGO, IL 606283230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CHICAGO NEIGHBORHOOD INITIATIVES MI 1000 EAST 111TH STREET - 10TH FLOOR CHICAGO, IL 606284614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST ORGANIZING PROJECT 2558 W 63RD ST CHICAGO, IL 606291640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD STREET CHICAGO, IL 606292343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AUSTIN SPECIAL CHICAGO 5318 N ELSTON AVE CHICAGO, IL 606301611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN SPECIAL CHICAGO 5318 N ELSTON AVE CHICAGO, IL 606301611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
AUSTIN SPECIAL CHICAGO 5318 N ELSTON AVE CHICAGO, IL 606301611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 606313225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	705
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 606313225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 606313225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 606313225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESURRECTION HIGH SCHOOL 7500 WEST TALCOTT AVENUE CHICAGO, IL 606313705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
EVANGELICAL LUTHERAN CHURCH IN AMER 8765 W HIGGINS RD CHICAGO, IL 606314101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVE CHICAGO, IL 606322845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERBS FOR SERBSPO BOX 34206 CHICAGO, IL 606340206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SERBS FOR SERBSPO BOX 34206 CHICAGO, IL 606340206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNIV OF CHICAGO LAB SCHOOL 1362 E 59TH STREET CHICAGO, IL 606371793	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA KAPPA ALPHA EDUCATIONAL ADVAN 5656 S STONY ISLAND AVE 3RD FLR CHICAGO, IL 606371906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,020
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DR CHICAGO, IL 606372093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DR CHICAGO, IL 606372093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DR CHICAGO, IL 606372093	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
UNIVERSITY OF CHICAGO5801 S ELLIS CHICAGO, IL 606372612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF CHICAGO5801 S ELLIS CHICAGO, IL 606372612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO5801 S ELLIS CHICAGO, IL 606372612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE YOUNG CENTER FOR IMMIGRANT CHIL 6020 S UNIVERSITY AVE CHICAGO, IL 606372704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE YOUNG CENTER FOR IMMIGRANT CHIL 6020 S UNIVERSITY AVE CHICAGO, IL 606372704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INVISIBLE INSTITUTE 6100 S BLACKSTONE AVE CHICAGO, IL 606372912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVENUE CHICAGO, IL 606374494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVENUE CHICAGO, IL 606374494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVENUE CHICAGO, IL 606374494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVENUE CHICAGO, IL 606374494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVENUE CHICAGO, IL 606374494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROGERS PARK MONTESSORI SCHOOL 1800 W BALMORAL AVE CHICAGO, IL 606401002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
CEDILLE CHICAGO NFP 1205 WEST BALMORAL AVENUE CHICAGO, IL 606401308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CEDILLE CHICAGO NFP 1205 WEST BALMORAL AVENUE CHICAGO, IL 606401308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEDISH AMERICAN MUSEUM ASSOCIATION 5211 N CLARK ST CHICAGO, IL 606402101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,181
STEEP THEATRE COMPANY 1115 W BERWYN AVE CHICAGO, IL 606402301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
STEEP THEATRE COMPANY 1115 W BERWYN AVE CHICAGO, IL 606402301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO TAP THEATRE NFP 1624 W WINONA STE 2 CHICAGO, IL 606402708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN BLUES THEATER 4809 N RAVENSWOOD AVE UNIT 221 CHICAGO, IL 606404417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LYCEE FRANCAIS DE CHICAGO INC 1929 WEST WILSON AVE CHICAGO, IL 606405208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLISH AMERICAN ASSOCIATION 3834 NORTH CICERO AVENUE CHICAGO, IL 606413622	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PRECIOUS PETS ALMOST HOME ASSOCIATI PO BOX 411855 CHICAGO, IL 606416255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
GIRLS ON THE RUN CHICAGO INC 1415 N DAYTON ST STE 112 CHICAGO, IL 606422600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	702
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN CHICAGO INC 1415 N DAYTON ST STE 112 CHICAGO, IL 606422600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST CHICAGO, IL 606423324	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST CHICAGO, IL 606423324	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIO ANIMAL FOUNDATION 516 N OGDEN SUITE 199 CHICAGO, IL 606426421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARTISTIC HOME ACTING ENSEMBLE 1376 W GRAND AVE CHICAGO, IL 606427760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MORGAN PARK ACADEMY 2153 W 111TH ST CHICAGO, IL 606433917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MCNICHOLAS PEDIATRIC BRAIN TUM 9007 S LEAVITT STREET CHICAGO, IL 606436439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BY THE HAND CLUB FOR KIDS 415 N LARAMIE AVE CHICAGO, IL 606441907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BY THE HAND CLUB FOR KIDS 415 N LARAMIE AVE CHICAGO, IL 606441907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING JESUIT COLLEGE PREP 5088 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
B U I L D INCORPORATED 5100 W HARRISON ST CHICAGO, IL 606445101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR JEWISH ELDERLY 3003 W TOUHY AVE CHICAGO, IL 606452833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
COUNCIL FOR JEWISH ELDERLY 3003 W TOUHY AVE CHICAGO, IL 606452833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HENRY SCHUELER 41 & 9 FOUNDATION 6879 N WILDWOOD AVE CHICAGO, IL 606461333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANUFACTURING RENAISSANCE 3411 W DIVERSEY AVENUE CHICAGO, IL 606471281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SPORTS SHED INC 2126 W CHARLESTON ST CHICAGO, IL 606473302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BICKERDIKE REDEVELOPMENT CORPORATIO 2550 W NORTH AVE CHICAGO, IL 606475216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER CITY IMPACT 3327 W FULLERTON AVE CHICAGO, IL 606475237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RESILIENCE PARTNERS NFP PO BOX 496404 CHICAGO, IL 606496404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RESILIENCE PARTNERS NFP PO BOX 496404 CHICAGO, IL 606496404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION HOUSE OF CHICAGO 1116 NORTH KEDZIE AVENUE CHICAGO, IL 606514152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVE CHICAGO, IL 606533816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
TOP BOX FOODS 222 MERCHANDISE MART PLZ STE 202A CHICAGO, IL 606541103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 4200 W 115TH ST CHICAGO, IL 606554306	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	55
CHICAGO MUDCATS SPORT AND SOCIAL CL 7137 W SUMMERDALE AVE CHICAGO, IL 606561944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHICAGO MUDCATS SPORT AND SOCIAL CL 7137 W SUMMERDALE AVE CHICAGO, IL 606561944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGASSIZ ELEM SCHOOL 2851 N SEMINARY AV CHICAGO, IL 606574363	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
BARREL OF MONKEYS PRODUCTION 2936 N SOUTHPORT AVE 2ND CHICAGO, IL 606570000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THOUSAND WAVES FOUNDATION 1220 WEST BELMONT AVENUE CHICAGO, IL 606573290	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETTELHORST PARENT TEACHER ORGANIZA 3252 N BROADWAY ST CHICAGO, IL 606573521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF AGASSIZ 2851 N SEMINARY CHICAGO, IL 606574363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
FRIENDS OF AGASSIZ 2851 N SEMINARY CHICAGO, IL 606574363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF MOUNT CARMEL 708 W BELMONT AVE CHICAGO, IL 606574513	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
OUR LADY OF MOUNT CARMEL 708 W BELMONT AVE CHICAGO, IL 606574513	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	675
ONE HEART UGANDA INCORPORATED PO BOX 57714 CHICAGO, IL 606577363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INSTITUTE OF PHILANTHROPY PO BOX 578460 CHICAGO, IL 606578460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN INSTITUTE OF PHILANTHROPY PO BOX 578460 CHICAGO, IL 606578460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CROATIAN CULTURAL CENTER OF CHICAGO 2845 W DEVON AVE CHICAGO, IL 606591514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINES INC6379 N PAULINA ST CHICAGO, IL 606601125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FELINES INC6379 N PAULINA ST CHICAGO, IL 606601125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FELINES INC6379 N PAULINA ST CHICAGO, IL 606601125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMANUEL CONGREGATION 5959 N SHERIDAN RD CHICAGO, IL 606603643	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,860
ALL CHICAGO MAKING HOMELESSNESS HIS 651 W WASHINGTON BLVD SUITE 504 CHICAGO, IL 606612125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 W MONROE ST CHICAGO, IL 606613793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER METRO CHICAGO PO BOX 641250 CHICAGO, IL 606641250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
REBUILDING TOGETHER METRO CHICAGO PO BOX 641250 CHICAGO, IL 606641250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 606731263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 606731263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 606731263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
CITIZENS UNITED FOR RESEARCH IN EPI PO BOX 74008164 CHICAGO, IL 606748164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHAPTER NATIONAL BLACK MBA PO BOX 8513 CHICAGO, IL 606808513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ILLINOIS RIGHT TO LIFE COMMITTEE PO BOX 511 CHICAGO, IL 606900511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL ASSOCIATION OF ASIAN AMERI PO BOX 1619 CHICAGO, IL 606901619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE CHICAGO CHURCH PO BOX A3092 CHICAGO, IL 606903092	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,700
EVANGELICAL LUTHERAN CHURCH IN AMER PO BOX 71764 CHICAGO, IL 606941764	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SERTOMA CENTRE INC 4343 W 123RD ST ALSIP, IL 608031807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY SEGUIN OF GRE 3100 S CENTRAL AVE CICERO, IL 608043956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED CEREBRAL PALSY SEGUIN OF GRE 3100 S CENTRAL AVE CICERO, IL 608043956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE EVERGREEN PARK PUBLIC LIBRARY F 9400 S TROY AVE EVERGREEN PK, IL 608052330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTMAS WITHOUT CANCER NFP 9735 S UTICA AVE EVERGREEN PK, IL 608053150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
GOOD SHEPHERD MANOR INC 4129 N STATE ROUTES 1 17 MOMENCE, IL 609540260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOONE COUNTY COUNCIL ON AGING 2141 HENRY LUCKOW LN BELVIDERE, IL 610081700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELVIDERE-BOONE COUNTY FOOD PANTRY 200 SOUTH FIFTH STREET CAPRON, IL 610120035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JO DAVIESS CONSERVATION FOUNDATION PO BOX 216 ELIZABETH, IL 610280216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PRAIRIE STATE LEGAL SERVICES INC 303 N MAIN ST STE 600 ROCKFORD, IL 611011050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYLAN CENTRAL CATHOLIC HIGH SCHOOL 4000 SAINT FRANCIS DR ROCKFORD, IL 611031661	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PHANTOM REGIMENT INC 420 N MAIN ST ROCKFORD, IL 611036819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROSECRANCE FOUNDATION 1021 N MULFORD ROAD ROCKFORD, IL 611073877	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSECRANCE FOUNDATION 1021 N MULFORD ROAD ROCKFORD, IL 611073877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 2820 MCFARLAND RD ROCKFORD, IL 611076808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ZION DEVELOPMENT CORPORATION 910 5TH AVE ROCKFORD, IL 611100887	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 5183 HARLEM ROAD LOVES PARK, IL 611113448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FIRST LOVE INTERNATIONAL MINISTRIES PO BOX 15836 LOVES PARK, IL 611325836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
AUGUSTANA COLLEGE C/O WVIK AUGUSTANA COLLEGE 639 38TH ROCK ISLAND, IL 612010000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGUSTANA COLLEGE ADVANCEMENT SERVICES OFFICE - 639 38TH STREET ROCK ISLAND, IL 612012296	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
AUGUSTANA COLLEGE ADVANCEMENT SERVICES OFFICE - 639 38TH STREET ROCK ISLAND, IL 612012296	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FRIENDSHIP MANOR INC 1209 21ST AVE ROCK ISLAND, IL 612017900	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP MANOR INC 1209 21ST AVE ROCK ISLAND, IL 612017900	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHRISTIAN FRIENDLINESS ASSOCIATION 3928 12TH AVE MOLINE, IL 612653405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RIVERDALE COMMUNITY SCHOOL DISTRICT 4027 208TH STREET CT N PORT BYRON, IL 612759114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAZEWELL COUNTY RESOURCE CENTERS IN NEWLUN CENTER 21310 ILLINOIS ROUTE 9 TREMONT, IL 615680000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PEORIA SYMPHONY ORCHESTRA 101 STATE ST PEORIA, IL 616021547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS CENTRAL ILLINOIS 507 E ARMSTRONG AVE PEORIA, IL 616033201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS CENTRAL ILLINOIS 507 E ARMSTRONG AVE PEORIA, IL 616033201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EASTER SEALS CENTRAL ILLINOIS 507 E ARMSTRONG AVE PEORIA, IL 616033201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,075
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 614 NE MADISON AVE PEORIA, IL 616033833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
BOY SCOUTS OF AMERICA 614 NE MADISON AVE PEORIA, IL 616033833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR YOUTH AND FAMILY SOLUTIO 2610 WEST RICHWOODS BLVD PEORIA, IL 616047112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 4700 N UNIVERSITY ST SUITE 91 PEORIA, IL 616145849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FEDERATION OF PEORIA INC 2000 W PIONEER PKWY STE 10B PEORIA, IL 616155800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLER PARK ZOOLOGICAL SOCIETY 1020 S MORRIS AVE BLOOMINGTON, IL 617016351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
MILLER PARK ZOOLOGICAL SOCIETY 1020 S MORRIS AVE BLOOMINGTON, IL 617016351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	442
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 617440040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 617440040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 617440040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 617440040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH CARE CLINIC INC 900 FRANKLIN AVE NORMAL, IL 617613510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,000
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,265
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	175
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,400
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,710
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,848
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN ILLINOIS FOODBANK 2405 N SHORE DR URBANA, IL 618027221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIDGEWATER-SULLIVAN COMMUNITY LIFE 401 E PARK ST CHAMPAIGN, IL 618203817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PARTNERSHIP FOR EDUCATIONAL EXCELLE PO BOX 125 GILLESPIE, IL 620330125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 620352163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 620352163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BEVERLY FARM ASSOCIATION FOR THE HA 6301 HUMBERT RD GODFREY, IL 620352163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MADISON COUNTY CHILD ADV 101 E EDWARDSVILLE RD WOOD RIVER, IL 620951369	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC URBAN PROGRAMS NFP 7 VIEUX CARRE DR E SAINT LOUIS, IL 622031957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC URBAN PROGRAMS NFP 7 VIEUX CARRE DR E SAINT LOUIS, IL 622031957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY CARE CENTER 301 W LINCOLN ST STE 105 BELLEVILLE, IL 622201901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 622202133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VIOLENCE PREVENTION CENTER OF SOUTH PO BOX 831 BELLEVILLE, IL 622220831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTERWORKS CHORALE INC PO BOX 8374 BELLEVILLE, IL 622228374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,196
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 622231000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,125
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 622231000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 622231000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELLEVILLE HIGH SCHOOL-WEST 4063 FRANK SCOTT PARKWAY WEST BELLEVILLE, IL 622236802	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,500
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
COMMUNITY LINK INC1665 N 4TH ST BREESE, IL 622301791	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN MINISTRIES PO BOX 68 COLLINSVILLE, IL 622340068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
COLUMBIA CUSD 4 5 VETERANS PARKWAY COLUMBIA, IL 622361130	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
COLUMBIA CUSD 4 5 VETERANS PARKWAY COLUMBIA, IL 622361130	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA CUSD 4 5 VETERANS PARKWAY COLUMBIA, IL 622361130	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
GREENVILLE COLLEGE 315 E COLLEGE AVE GREENVILLE, IL 622461145	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
MCKENDREE UNIVERSITY 701 COLLEGE RD LEBANON, IL 622541291	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAEYSTOWN PRESERVATION SOCIETY PO BOX 25 MAEYSTOWN, IL 622560025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HOLY CHILDHOOD SCHOOL 215 N JOHN STREET MASCOUTAH, IL 622582213	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
SANDRA MARIE BEREITSCHAFT FOUNDATIO 102 S JEFFERSON ST MILLSTADT, IL 622601550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARTA COMMUNITY CHORUS INC PO BOX 452 SPARTA, IL 622860452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARTNERS FOR PETS HUMANE SOCIETY PO BOX 445 TROY, IL 622940445	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STS PETER & PAUL SCHOOL 217 W 3RD STREET WATERLOO, IL 622981344	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STS PETER & PAUL SCHOOL 217 W 3RD STREET WATERLOO, IL 622981344	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
WATERLOO HIGH SCHOOL 505 E BULLDOG BLVD WATERLOO, IL 622981511	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	542
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERLOO MUSEUM SOCIETY PO BOX 28 WATERLOO, IL 622981006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRANSITIONS OF WESTERN ILLINOIS INC PO BOX 3646 QUINCY, IL 623053646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE QUINCY PUBLIC SCHOOLS FRIENDS O PO BOX 5299 QUINCY, IL 623055299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN-DOUGLAS PTO 3211 PAYSON RD QUINCY, IL 623056441	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
2X4S FOR HOPE5700 S 24TH ST QUINCY, IL 623058563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LIBERTY EDUCATION FOUNDATION PO BOX 196 LIBERTY, IL 623471124	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACKBURN UNIVERSITY 700 COLLEGE AVE CARLINVILLE, IL 626261454	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
BLACKBURN UNIVERSITY 700 COLLEGE AVE CARLINVILLE, IL 626261454	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BLACKBURN UNIVERSITY 700 COLLEGE AVE CARLINVILLE, IL 626261454	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
LOVE REPEATED316 S LOGAN ST LINCOLN, IL 626562009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SACRED HEART GRIFFIN HIGH SCHOOL 1200 W WASHINGTON STREET SPRINGFIELD, IL 627024770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,604
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART GRIFFIN HIGH SCHOOL 1200 W WASHINGTON STREET SPRINGFIELD, IL 627024770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ANIMAL PROTECTIVE LEAGUE OF SPRINGF 1001 TAINTOR RD SPRINGFIELD, IL 627021766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST JOSEPHS HOME OF SPRINGFIELD 3306 S 6TH ST RD SPRINGFIELD, IL 627034735	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 5231 S 6TH ST RD SPRINGFIELD, IL 627035746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WILD DOG RESCUE 1645 WEST LAUREL ST SPRINGFIELD, IL 627046587	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WILD DOG RESCUE 1645 WEST LAUREL ST SPRINGFIELD, IL 627046587	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN LAND COMMUNITY COLLEGE FOUN PO BOX 19256 SPRINGFIELD, IL 627949256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LINCOLN LAND COMMUNITY COLLEGE FOUN PO BOX 19256 SPRINGFIELD, IL 627949256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,305
DAYEMI TARIQAT 100 E JACKSON STREET CARBONDALE, IL 629011503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	950
SOUTHERN ILLINOIS UNIVERSITY FOUNDA 1025 LINCOLN DRIVE CARBONDALE, IL 629014619	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS139 E VIENNA ST ANNA, IL 629061839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,167
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,810
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 N OUTER 40 CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GREATER ST LOUIS HONOR FLIGHT INC 36 FOUR SEASON BOX 272 CHESTERFIELD, MO 630060272	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ERIN EICKMEIER FOUNDATION 414 WILDBRIER DR BALLWIN, MO 630112624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIN EICKMEIER FOUNDATION 414 WILDBRIER DR BALLWIN, MO 630112624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ERIN EICKMEIER FOUNDATION 414 WILDBRIER DR BALLWIN, MO 630112624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VOLUNTEERS IN MEDICINE WEST COUNTY 119 BAXTER SHOPS ST MANCHESTER, MO 630113800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INCARNATE WORD PARISH SCHOOL 13416 OLIVE BLVD CHESTERFIELD, MO 630173111	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
AISH HATORAH OF GREATER ST LOUIS IN 457 N WOODS MILL RD CHESTERFIELD, MO 630173327	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,200
ST LUKES EPISCOPAL-PRESBYTERIAN HOS 232 S WOODS MILL RD CHESTERFIELD, MO 630173417	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWAY WEST BASEBALL BOOSTERS 14913 GREENLEAF VALLEY DR CHESTERFIELD, MO 630175533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 15455 CONWAY RD STE 360 CHESTERFIELD, MO 630176033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	308
GLOBAL INITIATIVE FOR NUTRITION AND 1259 DEVONWORTH DR CHESTERFIELD, MO 630178448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL EDUCATION ENRICHMENT FOUNDA 13545 BARRETT PKY DR STE 300 BALLWIN, MO 630213823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARKWAY SOUTHWEST MIDDLE SCHOOL PTO 701 WREN AVE BALLWIN, MO 630214310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
TEAM ACTIVITIES FOR SPECIAL KIDS IN 980 HORAN DR FENTON, MO 630262402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYCE MEYER MINISTRIES INC 700 GRACE PKWY FENTON, MO 630265390	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
ST FERDINAND SCHOOL 1735 CHARBONIER ROAD FLORISSANT, MO 630315403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CHAMP ASSISTANCE DOGS 4910 PARKER RD FLORISSANT, MO 630334651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDSMART 12175 BRIDGETON SQ DRIVE BRIDGETON, MO 630442616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPEN DOOR ANIMAL SANCTUARY PO BOX 870 HOUSE SPRINGS, MO 630510870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
GATEWAY EITC COMMUNITY COALITION 910 N 11TH ST SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST PATRICK CENTER 800 N TUCKER BLVD ST LOUIS, MO 631011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK CENTER 800 N TUCKER BLVD ST LOUIS, MO 631011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ITEN911 WASHINGTON AVE STE 722 SAINT LOUIS, MO 631011272	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ST LOIUS CIVIC PRIDE FOUNDATION 701 CONVENTION PLAZA SUITE 300 ST LOUIS, MO 631011275	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS ST LOUIS815 OLIVE ST STE 110 SAINT LOUIS, MO 631011509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ST LOUIS CARDINALS COMMUNITY FUND 700 CLARK STREET ST LOUIS, MO 631021722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
GATEWAY ARCH PARK FOUNDATION 1 S MEMORIAL DR STE 700 SAINT LOUIS, MO 631022439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINEMA ST LOUIS3547 OLIVE STREET ST LOUIS, MO 631031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CINEMA ST LOUIS3547 OLIVE STREET ST LOUIS, MO 631031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ST LOUIS UNIVERSITY 221 N GRAND DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS UNIVERSITY 221 N GRAND DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ST LOUIS UNIVERSITY 221 N GRAND DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
BIG BROTHERS BIG SISTERS OF EASTERN 501 NORTH GRAND SUITE 100 ST LOUIS, MO 631031035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENT INC2650 OLIVE ST ST LOUIS, MO 631031424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAINT LOUIS FASHION FUND 1533 WASHINGTON AVE SAINT LOUIS, MO 631031803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STRAY RESCUE OF ST LOUIS 2320 PINE ST SAINT LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE ST SAINT LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
STRAY RESCUE OF ST LOUIS 2320 PINE ST SAINT LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SOCIETY OF ST VINCENT DE PAUL ARCHD 1310 PAPIN STREET SUITE 104 SAINT LOUIS, MO 631033132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF ST VINCENT DE PAUL ARCHD 1310 PAPIN STREET SUITE 104 SAINT LOUIS, MO 631033132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST LOUIS BICYCLEWORKS INC 2414 MENARD STREET SAINT LOUIS, MO 631040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CARDINAL GLENNON CHILDRENS FOUNDATI 1465 SOUTH GRAND BOULEVARD SAINT LOUIS, MO 631041095	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SSM HEALTH CARDINAL GLENNON CHILDRE 1465 SOUTH GRAND BOULEVARD SAINT LOUIS, MO 631041095	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
STRAY DOG THEATRE 2336 TENNESSEE AVE SAINT LOUIS, MO 631041734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ST LOUIS METROPOLITAN SPAY NEUTER & 1218 S JEFFERSON AVE SAINT LOUIS, MO 631041904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS METROPOLITAN SPAY NEUTER & 1218 S JEFFERSON AVE SAINT LOUIS, MO 631041904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST LOUIS METROPOLITAN SPAY NEUTER & 1218 S JEFFERSON AVE SAINT LOUIS, MO 631041904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KINGDOM HOUSE1321 S 11TH ST ST LOUIS, MO 631043530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGDOM HOUSE1321 S 11TH ST ST LOUIS, MO 631043530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FORSYTH SCHOOL 6235 WYDOWN BOULEVARD SAINT LOUIS, MO 631052306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,250
FORSYTH SCHOOL 6235 WYDOWN BOULEVARD SAINT LOUIS, MO 631052306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH SCHOOL 6235 WYDOWN BOULEVARD SAINT LOUIS, MO 631052306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,350
FORSYTH SCHOOL 6235 WYDOWN BOULEVARD SAINT LOUIS, MO 631052306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FONTBONNE UNIVERSITY 6800 WYDOWN BLVD ST LOUIS, MO 631053043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE HILL SETTLEMENT HOUSE 2600 HADLEY STREET SAINT LOUIS, MO 631064021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
HERBERT HOOVER BOYS AND GIRLS CLUB 2901 N GRAND BLVD SAINT LOUIS, MO 631072608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HERBERT HOOVER BOYS AND GIRLS CLUB 2901 N GRAND BLVD SAINT LOUIS, MO 631072608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4568 WEST PINE BLVD SAINT LOUIS, MO 631082186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MEMORY CARE HOME SOLUTIONS 4389 W PINE BLVD SAINT LOUIS, MO 631082205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	121
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK PKY ST LOUIS, MO 631082810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK PKY ST LOUIS, MO 631082810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK PKY ST LOUIS, MO 631082810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK PKY ST LOUIS, MO 631082810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK PKY ST LOUIS, MO 631082810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE ST LOUIS, MO 631083336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE ST LOUIS, MO 631083336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE ST LOUIS, MO 631083336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOYOLA ACADEMY OF ST LOUIS 3851 WASHINGTON BLVD SAINT LOUIS, MO 631083405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY OF ST LOUIS 3851 WASHINGTON BLVD SAINT LOUIS, MO 631083405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
ST LOUIS REGIONAL PUBLIC MEDIA INC 3655 OLIVE ST SAINT LOUIS, MO 631083601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,500
FRIENDS OF KWMU INC3651 OLIVE ST SAINT LOUIS, MO 631083601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTEMPORARY ART MUSEUM ST LOUIS 3750 WASHINGTON BLVD SAINT LOUIS, MO 631083612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONTEMPORARY ART MUSEUM ST LOUIS 3750 WASHINGTON BLVD SAINT LOUIS, MO 631083612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
JUNIOR GOLF FOUNDATION OF GREATER S PO BOX 15175 SAINT LOUIS, MO 631100175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CHILDRENS HOSPITAL 1 CHILDRENS PL VOLUNTEER SERVICES 3400C SAINT LOUIS, MO 631101002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ST LOUIS CHILDRENS HOSPITAL 1 CHILDRENS PL VOLUNTEER SERVICES 3400C SAINT LOUIS, MO 631101002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BJC HEALTH SYSTEM ONE CHILDRENS PLACE ST LOUIS, MO 631101077	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BJC HEALTH SYSTEM ONE CHILDRENS PLACE ST LOUIS, MO 631101077	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,345
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	820
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,448
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,360
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,310
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,315
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	143
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVE SAINT LOUIS, MO 631101402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVE ST LOUIS, MO 631101402	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,850
ST LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVE ST LOUIS, MO 631101402	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,550
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 631101404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,458
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 631101404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 631101404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 631101431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 631101431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 631101431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 631101431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 631101431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
CORNERSTONE CENTER FOR EARLY LEARNI 3901 RUSSELL BLVD ST LOUIS, MO 631103709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ST MARY'S HIGH SCHOOL 4701 S GRAND BLVD SAINT LOUIS, MO 631111409	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOL 4701 S GRAND BLVD SAINT LOUIS, MO 631111409	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
ST MARY'S HIGH SCHOOL 4701 S GRAND BLVD SAINT LOUIS, MO 631111409	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MARY'S HIGH SCHOOL 4701 S GRAND BLVD SAINT LOUIS, MO 631111409	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOL 4701 S GRAND BLVD ST LOUIS, MO 631111409	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
FOREST PARK FOREVER INC 5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 631120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,875
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1000 ST LOUIS, MO 631121408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWTHORN LEADERSHIP SCHOOL FOR GIRL 1901 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631131123	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
DOWN SYNDROME ASSOCIATION OF GREATE 8531 PAGE AVENUE SUITE 120 ST LOUIS, MO 631146006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF GREATE 8531 PAGE AVENUE SUITE 120 ST LOUIS, MO 631146006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631151733	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631151733	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
FATHERS SUPPORT CENTER ST LOUIS 4411 N NEWSTEAD AVE SAINT LOUIS, MO 631152534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHERS SUPPORT CENTER ST LOUIS 4411 N NEWSTEAD AVE SAINT LOUIS, MO 631152534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FATHERS SUPPORT CENTER ST LOUIS 4411 N NEWSTEAD AVE SAINT LOUIS, MO 631152534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN YOUTH FOUNDATION 6357 CLAYTON RD SAINT LOUIS, MO 631171808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOUNDATION 6357 CLAYTON RD SAINT LOUIS, MO 631171808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN YOUTH FOUNDATION 6357 CLAYTON RD SAINT LOUIS, MO 631171808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL INSTITUTE OF METROPOL 3401 ARSENAL STREET SAINT LOUIS, MO 631183404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSIDE DHARMA INC904 TAVALON AVE ROCK HILL, MO 631191240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR HEARING & SPEECH 9835 MANCHESTER RD SAINT LOUIS, MO 631191313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR HEARING & SPEECH 9835 MANCHESTER RD SAINT LOUIS, MO 631191313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HEARING & SPEECH 9835 MANCHESTER RD SAINT LOUIS, MO 631191313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVE SUITE 2 SAINT LOUIS, MO 631191827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE ST LOUIS, MO 631192418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE ST LOUIS, MO 631192418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE ST LOUIS, MO 631192418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
EPILEPSY FOUNDATION OF MISSOURI AND 4406 SAINT VINCENT AVE SAINT LOUIS, MO 631193429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
WE STORIES215 PORTLAND TER SAINT LOUIS, MO 631193803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DR ST LOUIS, MO 631195738	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DR RM G522 SAINT LOUIS, MO 631195738	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	249
ROMAN CATHOLIC FOUNDATION OF EASTER 12 ARCHBISHOP MAY DR SAINT LOUIS, MO 631195738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC FOUNDATION OF EASTER 12 ARCHBISHOP MAY DR SAINT LOUIS, MO 631195738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ROMAN CATHOLIC FOUNDATION OF EASTER 12 ARCHBISHOP MAY DR SAINT LOUIS, MO 631195738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SIGMA BETA DELTA INC 1 UNIVERSITY BLVD PROV HSE STE P11 ST LOUIS, MO 631210000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN VIANNEY HIGH SCHOOL 1311 S KIRKWOOD ROAD KIRKWOOD, MO 631227226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	348
ST JOHN VIANNEY HIGH SCHOOL 1311 S KIRKWOOD ROAD KIRKWOOD, MO 631227226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST JOHN VIANNEY HIGH SCHOOL 1311 S KIRKWOOD ROAD KIRKWOOD, MO 631227226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH GLENDALE PTO 765 N SAPPINGTON RD GLENDALE, MO 631223257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,538
MAREN FUND INC329 WAY AVE KIRKWOOD, MO 631223940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN CHURCH MISSOURI SYNOD FOUN 1333 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LCMS NATIONAL HOUSING SUPPORT CORPO 1333 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30,000
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESSEL PTO10911 TESSON FERRY RD SAINT LOUIS, MO 631236114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON ROAD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,544
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON RD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON RD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY SCHOOL ASSOCIATION 900 LAY RD ST LOUIS, MO 631241818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
COMMUNITY SCHOOL ASSOCIATION 900 LAY RD ST LOUIS, MO 631241818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JOHN BURROUGHS SCHOOL 755 S PRICE ROAD ST LOUIS, MO 631241866	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
JOHN BURROUGHS SCHOOL 755 S PRICE ROAD ST LOUIS, MO 631241866	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUSTIN MARTYR SCHOOL 11914 EDDIE AND PARK ROAD SAINT LOUIS, MO 631262908	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 50 CRESTWOOD EXECUTIVE CTR STE 401 SAINT LOUIS, MO 631261916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 50 CRESTWOOD EXECUTIVE CTR STE 401 SAINT LOUIS, MO 631261916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTORS CREATIVE THEATRE-ACT INC 9006 MIDDLEWOOD CT SAINT LOUIS, MO 631271312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ANGELS ARMS 12128 TESSON FERRY RD STE A SAINT LOUIS, MO 631281778	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CENTER OF CREATIVE ARTS 524 TRINITY AVE SAINT LOUIS, MO 631304314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BAPTIST HEALTHCARE FOUN AT 3015 N BALLAS RD ST LOUIS, MO 631312329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
WOMENS FOUNDATION OF GEATER SAINT L 11111 CONWAY RD SAINT LOUIS, MO 631312624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
VILLA DUCHESNE & OAK HILL SCHOOL 801 S SPOEDE RD SAINT LOUIS, MO 631312699	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD ST LOUIS, MO 631312729	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD ST LOUIS, MO 631312729	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE BACKSTOPPERS INC 10411 CLAYTON RD STE A5 SAINT LOUIS, MO 631312910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKING FOR BOOKS INC42 BOPP LN SAINT LOUIS, MO 631313115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 9433 OLIVE STE 100 SAINT LOUIS, MO 631323132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ARTHRITIS FOUNDATION INC 9433 OLIVE STE 100 SAINT LOUIS, MO 631323132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST LOUIS PRIORY SCHOOL 500 S MASON ROAD SAINT LOUIS, MO 631418522	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF KIDS WITH CANCER INC 530 MARYVILLE CENTRE DR SAINT LOUIS, MO 631415825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS COLLEGE 1850 DE LA SALLE DR ST LOUIS, MO 631418661	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE MOOG CENTER FOR DEAF EDUCATION 12300 S 40 DR SAINT LOUIS, MO 631418820	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
THE MOOG CENTER FOR DEAF EDUCATION 12300 S 40 DR SAINT LOUIS, MO 631418820	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF GEATER SAINT L 8816 MANCHESTER RD 286 BRENTWOOD, MO 631442602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NHL ALUMNI ASSOCIATION 111 WEST PORT PLZ STE 600 SAINT LOUIS, MO 631463015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR ST LOUIS, MO 631463211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF CHARACTERPLUS 1460 CRAIG RD SAINT LOUIS, MO 631464842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
OUR LITTLE HAVENPO BOX 23010 ST LOUIS, MO 631563010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVERING HOUSEPO BOX 12206 SAINT LOUIS, MO 631570206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COVERING HOUSEPO BOX 12206 SAINT LOUIS, MO 631570206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COVERING HOUSEPO BOX 12206 SAINT LOUIS, MO 631570206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSHINE MINISTRIES INC PO BOX 66880 SAINT LOUIS, MO 631666880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
CONNECTIONS TO SUCCESS INC 3000 LITTLE HILLS EXPY 102 SAINT CHARLES, MO 633013751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTIONS TO SUCCESS INC 3000 LITTLE HILLS EXPY 102 SAINT CHARLES, MO 633013751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LN SAINT CHARLES, MO 633035735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST JOSEPH CATHOLIC CHURCH COTTLEVIL 1355 MOTHERHEAD RD SAINT CHARLES, MO 633047686	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRACE FOR IMPACT 46 INC 8651 HWY N 46 LAKE ST LOUIS, MO 633672681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
A T STILL UNIVERSITY OF HEALTH SCIE 800 W JEFFERSON ST KIRKSVILLE, MO 635011443	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAXONY LUTHERAN HIGH SCHOOL 2004 SAXONY LN JACKSON, MO 637558535	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,227
LINUS PROJECTPO BOX 1548 BELTON, MO 640121108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LINUS PROJECTPO BOX 1548 BELTON, MO 640121108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINUS PROJECTPO BOX 1548 BELTON, MO 640121108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LINUS PROJECTPO BOX 1548 BELTON, MO 640121108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WORLD OUTREACH FOUNDATION KANSAS CI 180 HEVER KNL BELTON, MO 640124165	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD OUTREACH FOUNDATION KANSAS CI 180 HEVER KNL BELTON, MO 640124165	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WORLD OUTREACH FOUNDATION KANSAS CI 180 HEVER KNL BELTON, MO 640124165	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PTA MISSOURI CONGRESS 144 NE MCQUERRY RD GRAIN VALLEY, MO 640299452	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXODUS CRY INC714 MAIN ST GRANDVIEW, MO 640302329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMALS BEST FRIENDSPO BOX 493 INDEPENDENCE, MO 640510493	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
REBUILDING TOGETHER KANSAS CITY INC 2050 PLUMBERS WAY 150 LIBERTY, MO 640687436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS EMPLOYMENT NETWORK 920 MAIN STREET SUITE 100 KANSAS CITY, MO 641052017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CITY UNION MISSION INC 1100 E 11TH ST KANSAS CITY, MO 641063028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CITY UNION MISSION INC 1100 E 11TH ST KANSAS CITY, MO 641063028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KC SOCIAL INNOVATION CENTER 1712 MAIN ST FL 4TH KANSAS CITY, MO 641081337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KC SOCIAL INNOVATION CENTER 1712 MAIN ST FL 4TH KANSAS CITY, MO 641081337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
KANSAS CITY RESCUE MISSION 1520 CHERRY ST KANSAS CITY, MO 641081530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	526
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL OF WESTERN MISSOURI AND EA 1817 CAMPBELL ST KANSAS CITY, MO 641081739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JACKSON COUNTY CASA2544 HOLMES KANSAS CITY, MO 641082719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
RONALD MCDONALD HOUSE CHARITIES OF 2502 CHERRY ST KANSAS CITY, MO 641082751	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIBERTY MEMORIAL ASSOCIATION 2 MEMORIAL DRIVE KANSAS CITY, MO 641084616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 641091914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 641091914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 641091914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,000
UNIVERSITY OF MISSOURI - KANSAS CIT 5100 ROCKHILL ROAD AC 229 KANSAS CITY, MO 641102481	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMKC FOUNDATION 333 ADMINISTRATIVE CENTER - 5100 ROCKHILL RD KANSAS CITY, MO 641102499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HARRY S TRUMAN LIBRARY INSTITUTE FO 5151 TROOST AVENUE NO 300 KANSAS CITY, MO 641102543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORNERSTONES OF CARE 300 E 36TH ST KANSAS CITY, MO 641111410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NELSON GALLERY FOUNDATION 4525 OAK ST KANSAS CITY, MO 641111818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDMARK LEGAL FOUNDATION 3100 BROADWAY ST STE 1210 KANSAS CITY, MO 641112413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 3100 BROADWAY ST KANSAS CITY, MO 641112413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL FLIGHT-CENTRAL 10 NW RICHARDS ROAD KANSAS CITY, MO 641164253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SHARKS YOUTH ATHLETIC ORGANIZATION 6027 N ELMWOOD CT KANSAS CITY, MO 641195354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD KANSAS CITY, MO 641291626	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	538
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,763
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,892
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,729
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	298
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	199
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 641314212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,250
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 641314212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 641314212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 641314212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALPHA PHI OMEGA NATIONAL SERVICE FR 1441 E 104TH ST STE 105 KANSAS CITY, MO 641314635	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PKWY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR OF KANSA 8745 JAMES A REED RD KANSAS CITY, MO 641384414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,085
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID AMERICA FREEDOM BAND CORP PO BOX 32792 KANSAS CITY, MO 641715792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HARRIS PARK MIDTOWN SPORTS & ACTIVI PO BOX 32901 KANSAS CITY, MO 641717901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTEY COLLEGE1000 W AUSTIN NEVADA, MO 647722763	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN RD JOPLIN, MO 648011512	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CONCERNS OF POLICE SURVIVORS PO BOX 3199 CAMDENTON, MO 650203199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOVER COMMUNITY BETTERMENT COUNCIL 2847 HIGHWAY 52 STOVER, MO 650781201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JOURNEY HOME GSD RESCUE PO BOX 106043 JEFFERSON CTY, MO 651106043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUBS OF THE COLUMBI 1200 N 7TH STREET COLUMBIA, MO 652014716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF THE COLUMBI 1200 N 7TH STREET COLUMBIA, MO 652014716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MASONIC HOME OF MISSOURI 6033 MASONIC DR STE A COLUMBIA, MO 652026568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORA COMMUNITY OUTREACH 4818 SANTANA CIR COLUMBIA, MO 652037138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA SWIM CLUBPO BOX 269 COLUMBIA, MO 652050269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF MISSOURI ALUMNI ASSN 123 D W REYNOLDS ALMI AND VSTR CTR COLUMBIA, MO 652110001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MISSOURI ALUMNI ASSN 123 D W REYNOLDS ALMI AND VSTR CTR COLUMBIA, MO 652110001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MISSOURI ALUMNI ASSN 123 D W REYNOLDS ALMI AND VSTR CTR COLUMBIA, MO 652110001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
COYOTE HILL CHRISTIAN CHILDRENS HOM PO BOX 1 HARRISBURG, MO 652560001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MOEBIUS SYNDROME FOUNDATION PO BOX 147 PILOT GROVE, MO 652760147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CENTRAL AREA LITERACY COUNCIL PO BOX 1336 ROLLA, MO 654021336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PHELPS COUNTY FAMILY CRISIS SERVICE PO BOX 2259 ROLLA, MO 654022259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVE BOLIVAR, MO 656132578	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN BOYS RANCH PO BOX 617 BRIGHTON, MO 656170617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MANSFIELD AREA COMMUNITY BETTERMENT PO BOX 38 MANSFIELD, MO 657040038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WRIGHT COUNTY CHILDRENS HOME 528 W NORWOOD NORWOOD, MO 657179168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME GROUP OF THE OZARKS PO BOX 1598 SPRINGFIELD, MO 658011598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOBS FOR AMERICAS GRADUATES INC 3154 W TRACY CT SPRINGFIELD MO 65807 SPRINGFIELD, MO 658012386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OZARKS FOOD HARVEST INC PO BOX 5746 SPRINGFIELD, MO 658015746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD COMMUNITY GARDENS 1126 A N BROADWAY ST SPRINGFIELD, MO 658020000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GENERAL COUNCIL OF THE ASSEMBLIES O 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	148
GENERAL COUNCIL OF THE ASSEMBLIES O 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
SPRINGFIELD SYMPHONY ASSOCIATION 411 N SHERMAN PKWY SPRINGFIELD, MO 658023652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRURY UNIVERSITY900 N BENTON AVE SPRINGFIELD, MO 658023712	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DRURY UNIVERSITY900 N BENTON AVE SPRINGFIELD, MO 658023712	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
THE VICTIM CENTER INC 819 N BOONVILLE AVE SPRINGFIELD, MO 658023831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS NURSERY OF THE OZARKS INC 2750 WEST BENNETT SPRINGFIELD, MO 658025138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FRIENDS OF THE ZOO OF SPRINGFIELD M 3043 N FORT AVE SPRINGFIELD, MO 658031052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MERCY HEALTH FOUNDATION SPRINGFIELD 1235 E CHEROKEE ST SPRINGFIELD, MO 658042203	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELP GIVE HOPE 2733 E BATTLEFIELD SUITE 332 SPRINGFIELD, MO 658043981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY PARTNERSHIP OF THE OZARK 330 N JEFFERSON AVE SPRINGFIELD, MO 658061155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
URBAN DISTRICT ALLIANCE INC 134 PARK CENTRAL SQUARE SUITE 120 SPRINGFIELD, MO 658062052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2410 S SCENIC AVE SPRINGFIELD, MO 658073220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
REDEEMER LUTHERAN CHURCH 2852 S DAYTON AVE SPRINGFIELD, MO 658073644	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF THE OZA 3372 W BATTLEFIELD ST SPRINGFIELD, MO 658073872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE OZA 3372 W BATTLEFIELD ST SPRINGFIELD, MO 658073872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 949 E PRIMROSE SPRINGFIELD, MO 658075257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
RONALD MCDONALD HOUSE CHARITIES OF 949 E PRIMROSE SPRINGFIELD, MO 658075257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPION ATHLETES OF THE OZARKS 1715 S KANSAS AVE SPRINGFIELD, MO 658078410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHAMPION ATHLETES OF THE OZARKS 1715 S KANSAS AVE SPRINGFIELD, MO 658078410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
JOHN Q HAMMONS MISSOURI SPORTS HALL 3861 E STAN MUSIAL DR SPRINGFIELD, MO 658094644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	275
HABITAT FOR HUMANITY INTERNATIONAL 720 CONNECTICUT LAWRENCE, KS 660448932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LAWRENCE COMMUNITY SHELTER INC 3655 E 25TH STREET LAWRENCE, KS 660468224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALLING FORWARD FOUNDATION INC 4513 GOLDFIELD ST LAWRENCE, KS 660494750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 660615350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 660615350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 660615350	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHWC INC2 S 14TH ST KANSAS CITY, KS 661025041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GREAT PLAINS SPCA5428 ANTIOCH DR MERRIAM, KS 662021020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS KANSAS INC 5280 FOXRIDGE DR MISSION, KS 662021567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS KANSAS INC 5280 FOXRIDGE DR MISSION, KS 662021567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS KANSAS INC 5280 FOXRIDGE DR MISSION, KS 662021567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS KANSAS INC 5280 FOXRIDGE DR MISSION, KS 662021567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
ERIN ANDRA WILSON FOUNDATION 6520 WALMER ST OVERLAND PARK, KS 662024173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST ANN SCHOOL7241 MISSION ROAD PRAIRIE VILLAGE, KS 662083004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANN SCHOOL7241 MISSION ROAD PRAIRIE VILLAGE, KS 662083004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 3846 W 75TH ST PRAIRIE VILLAGE, KS 662084126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 3846 W 75TH ST PRAIRIE VILLAGE, KS 662084126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ORGANIZATION OF THE 12301 LAMAR AVE OVERLAND PARK, KS 662092702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST STE 200 OVERLAND PARK, KS 662111303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NAZARENE COMPASSIONATE MINISTRIES I 17001 PRAIRIE STAR PKWY STE 100 LENEXA, KS 662207900	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JAMES ACADEMY 24505 PRAIRIE STAR PKWY LENEXA, KS 662277267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
ST JAMES ACADEMY 24505 PRAIRIE STAR PKWY LENEXA, KS 662277267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,525
BLESSED BRIAN FOUNDATION INC PO BOX 12494 OVERLAND PARK, KS 662822494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEXUALLY ABUSED CHILDRENS RELIEF EN PO BOX 23805 OVERLAND PARK, KS 662833805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HEART TO HEART INTERNATIONAL INC PO BOX 15566 LENEXA, KS 662855566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HEART TO HEART INTERNATIONAL INC PO BOX 15566 LENEXA, KS 662855566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 665027206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 665027206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOUSING AND CREDIT COUNSELING INC 1195 SW BUCHANAN SUITE 101 TOPEKA, KS 666041285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOUSING AND CREDIT COUNSELING INC 1195 SW BUCHANAN SUITE 101 TOPEKA, KS 666041285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING AND CREDIT COUNSELING INC 1195 SW BUCHANAN SUITE 101 TOPEKA, KS 666041285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF TOPEKA 550 SE 27TH ST TOPEKA, KS 666051106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY SERVICE AND GUIDANCE CENTER 325 SW FRAZIER AVE TOPEKA, KS 666061963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALEO BEHAVIORAL HEALTH CARE INC 5401 SW 7TH ST TOPEKA, KS 666062330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BUTLER COMMUNITY COLLEGE FOUNDATION 901 S HAVERHILL ROAD EL DORADO, KS 670423225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,000
HESSTON COLLEGE 325 S COLLEGE DR PO BOX 3000 HESSTON, KS 670622093	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN WINDS EQUINE RESCUE AND RE 4447 2ND RD UDALL, KS 671467348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOPE IN THE VALLEY EQUINE RESCUEAND 9025 N BROADWAY ST VALLEY CENTER, KS 671478883	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS SOCIETY FOR CHILDREN WITH CH 100 N MAIN ST STE 1002 WICHITA, KS 672021311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 402 N MARKET ST WICHITA, KS 672022012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ORPHEUM PERFORMING ARTS CENTRE LTD 200 N BROADWAY AVE STE 330 WICHITA, KS 672022327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS AVE WICHITA, KS 672022910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MUSIC THEATRE WICHITA 225 W DOUGLAS STE 202 WICHITA, KS 672023100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WICHITA SYMPHONY SOCIETY INC 225 W DOUGLAS CENTURY II CONCERT HALL WICHITA, KS 672023181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA SYMPHONY SOCIETY INC 225 W DOUGLAS CENTURY II CONCERT HALL WICHITA, KS 672023181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
WICHITA SYMPHONY SOCIETY INC 225 W DOUGLAS CENTURY II CONCERT HALL WICHITA, KS 672023181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
HARRY HYNES MEMORIAL HOSPICE INC 313 S MARKET WICHITA, KS 672023805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROOP 714 ASBURY WICHITA UNITED MET 2801 W 15TH WICHITA, KS 672031833	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
KANSAS PUBLIC TELECOMMUNICATIONS SE 320 W 21ST ST NORTH WICHITA, KS 672032499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BOTANICA INC701 N AMIDON AVE WICHITA, KS 672033162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC OF SEDGWICK COUNTY INC 2919 W 2ND ST N WICHITA, KS 672035319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARC OF SEDGWICK COUNTY INC 2919 W 2ND ST N WICHITA, KS 672035319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WICHITA JUNIOR GOLF FOUNDATION 7309 E 21ST ST N STE 120 WICHITA, KS 672061178	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA COLLEGIATE SCHOOL 9115 E 13TH ST N WICHITA, KS 672061214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PRICE-HARRIS PARENT TEACHER ORGANIZ 706 N ARMOUR ST WICHITA, KS 672061402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WICHITA SWIM CLUB 8323 E DOUGLAS AVE WICHITA, KS 672071213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA SWIM CLUB 8323 E DOUGLAS AVE WICHITA, KS 672071213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
PARTY WITH A PURPOSE INC IN LOVING 853 S WHITTIER ST WICHITA, KS 672072225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET N WICHITA, KS 672081606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSED SACRAMENT CATHOLIC SCHOOL 125 N QUENTIN ST WICHITA, KS 672083783	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SENIOR SERVICES INC OF WICHITA 200 S WALNUT WICHITA, KS 672134777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FAMILY CRISIS CENTER 1111 N ST FRANCIS WICHITA, KS 672142813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,450
WICHITA FAMILY CRISIS CENTER 1111 N ST FRANCIS WICHITA, KS 672142813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
INTER-FAITH MINISTRIES WICHITA INC 829 N MARKET WICHITA, KS 672143519	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION RESCUE MISSION OF WICHITA INC 2800 N HILLSIDE WICHITA, KS 672194702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
UNION RESCUE MISSION OF WICHITA INC 2800 N HILLSIDE WICHITA, KS 672194702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
UNION RESCUE MISSION OF WICHITA INC 2800 N HILLSIDE WICHITA, KS 672194702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GREAT PLAINS NATURE 6232 E 29TH ST N WICHITA, KS 672202200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE GREAT PLAINS NATURE 6232 E 29TH ST N WICHITA, KS 672202200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANNOOR ISLAMIC SCHOOL 6655 E 34TH ST N WICHITA, KS 672262532	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNOOR ISLAMIC SCHOOL 6655 E 34TH ST N WICHITA, KS 672262532	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,900
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WICHITA ANIMAL ACTION LEAGUE 2004 S WELSH ST WICHITA, KS 672307623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WICHITA ANIMAL ACTION LEAGUE 2004 S WELSH ST WICHITA, KS 672307623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
BETHANY COLLEGE 335 E SWENSSON AVE LINDSBORG, KS 674561817	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
HUTCHINSON COMMUNITY COLLEGE ENDOWM 1300 N PLUM ST HUTCHINSON, KS 675015831	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUSE FOUNDATION2517 BELL AVE DODGE CITY, KS 678012405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEARTLAND EQUINE THERAPEUTIC RIDING 10130 SOUTH 222ND STREET GRETNA, NE 680280000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SIENA FRANCIS HOUSE 1702 NICHOLAS STREET OMAHA, NE 681020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAKE FLIGHT FARMS INC 1004 FARNAM ST STE 400 OMAHA, NE 681021885	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS FUND OF GREATER OMAHA INC 1111 N 13TH ST STE 106 OMAHA, NE 681024218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC CHARITIES FOUNDATION 3300 N 60TH ST OMAHA, NE 681043402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPLETELY KIDS2566 ST MARYS AVE OMAHA, NE 681051655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
COLLEGE OF ST MARY 7000 MERCY ROAD OMAHA, NE 681062606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS SCHOLARSHIP FUND OF OMAHA 7101 MERCY RD STE 150 OMAHA, NE 681062642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND HOPE MISSION 5210 S 21ST ST OMAHA, NE 681072839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
OPEN DOOR MISSIONPO BOX 8340 OMAHA, NE 681102726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,930
WESTSIDE HIGH SCHOOL8701 PACIFIC OMAHA, NE 681145298	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CASSEL FOUNDATION OMAHA NEBRASK 900 N 90TH ST OMAHA, NE 681142704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW CASSEL FOUNDATION OMAHA NEBRASK 900 N 90TH ST OMAHA, NE 681142704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESTSIDE COMMUNITY SCHOOLS FOUNDATI 909 S 76TH ST OMAHA, NE 681144519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMBINED HEALTH AGENCIES DRICE INC 212 S 74TH ST STE 205 OMAHA, NE 681144615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANGELS AMONG US 3516 N 163RD PLZ STE 3 OMAHA, NE 681162112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 8707 W CENTER RD STE 101 OMAHA, NE 681242122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUBURBAN ROTARY CHARITABLE FOUNDATI 4089 S 84TH ST PMB 317 OMAHA, NE 681271701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SERVANTS OF MARY 7400 MILITARY AVE OMAHA, NE 681343351	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
MILLARD PUBLIC SCHOOLS FOUNDATION I 5225 S 159TH AVE OMAHA, NE 681353179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOSAIC4980 S 118TH ST OMAHA, NE 681372200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MOSAIC4980 S 118TH ST OMAHA, NE 681372200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MOSAIC4980 S 118TH ST OMAHA, NE 681372200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS IN THE HEARTLAND INC 1320 S 119TH ST OMAHA, NE 681441606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KIWANIS CLUB OF OMAHA INC FOUNDATIO 13325 HILLSBOROUGH DR OMAHA, NE 681646013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	563
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 685015358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 685015358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NET FOUNDATION FOR RADIO 1800 N 33RD ST LINCOLN, NE 685031409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
FOOD BANK OF LINCOLN INC 4840 DORIS BAIR CR STE A LINCOLN, NE 685041465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ARBOR DAY FOUNDATION 211 N 12TH ST STE 501 LINCOLN, NE 685081411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
NATIONAL ARBOR DAY FOUNDATION 211 N 12TH ST STE 501 LINCOLN, NE 685081411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL ARBOR DAY FOUNDATION 211 N 12TH ST STE 501 LINCOLN, NE 685081411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN LITERACY COUNCIL 745 S 9TH ST LINCOLN, NE 685083107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LINCOLN LITERACY COUNCIL 745 S 9TH ST LINCOLN, NE 685083107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VOICES OF HOPE OF LINCOLN INC 2545 N ST LINCOLN, NE 685101250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN MARTYRS SCHOOL 1101 ISAAC DRIVE LINCOLN, NE 685215312	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEBRASKA COUNCIL ON ECONOMIC EDUCAT 525G COLLEGE OF BUSINESS LINCOLN, NE 685880404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BUTLER COUNTY HISTORICAL SOCIETY IN 2730 M RD DAVID CITY, NE 686325125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871172	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871172	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871172	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871172	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERRICK COUNTY CHILD CARE INC 2412 23RD AVE CENTRAL CITY, NE 688269745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SENASE PROJECT INC1210 SCHMID DR SCOTTSBLUFF, NE 693614166	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BOY SCOUTS OF AMERICA 4200 S I-10 SERVICE RD WEST METAIRIE, LA 700011237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4200 S I-10 SERVICE RD WEST METAIRIE, LA 700011237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK RD METAIRIE, LA 700054142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK RD METAIRIE, LA 700054142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK RD METAIRIE, LA 700054142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 320 METAIRIE HAMMOND HWY STE 321 METAIRIE, LA 700055100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
WOODLANDS CONSERVANCY 1112 ENGINEERS RD BELLE CHASSE, LA 700373131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LADIES LEUKEMIA LEAGUE INC PO BOX 9355 METAIRIE, LA 700559355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN CRIME COMMISSION OF NE 1615 POYDRAS ST STE 1060 NEW ORLEANS, LA 701123771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 701131311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GEORGES EPISCOPAL SCHOOL 923 NAPOLEON AVE NEW ORLEANS, LA 701152862	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
ST GEORGES EPISCOPAL SCHOOL 923 NAPOLEON AVE NEW ORLEANS, LA 701152862	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NEW ORLEANS SPEECH & HEARING CENTER 1636 TOLEDANO ST NEW ORLEANS, LA 701154526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ORLEANS SPEECH & HEARING CENTER 1636 TOLEDANO ST NEW ORLEANS, LA 701154526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FATHERS HOUSE KIDS 1707 ESPLANADE AVE NEW ORLEANS, LA 701161702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL KIDNEY FOUNDATION 8200 HAMPSON ST STE 425 NEW ORLEANS, LA 701181063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TULANE LAW SCHOOL STUDENT TRUST 6801 FRERET ST NEW ORLEANS, LA 701185643	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
TULANE LAW SCHOOL STUDENT TRUST 6801 FRERET ST NEW ORLEANS, LA 701185643	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL INC 200 HENRY CLAY AVE NEW ORLEANS, LA 701185720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST GRACE COMMUNITY ALLIANCE 3401 CANAL ST NEW ORLEANS, LA 701196207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,300
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,167
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
BENJAMIN FRANKLIN SENIOR HIGH ALUMN 2001 LEON C SIMON DRIVE NEW ORLEANS, LA 701223524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BENJAMIN FRANKLIN SENIOR HIGH ALUMN 2001 LEON C SIMON DRIVE NEW ORLEANS, LA 701223524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS FOUNDATION INC 8 FRIEDERICHS AVE CITY PARK NEW ORLEANS, LA 701240000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRINITY EPISCOPAL SCHOOL 1315 JACKSON AVENUE NEW ORLEANS, LA 701305131	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
LEARN TO LIVE541 JULIA ST NEW ORLEANS, LA 701303690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 701303813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 701303813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
ANIMAL RESCUE NEW ORLEANS INC 1219 COLISEUM ST NEW ORLEANS, LA 701304305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISE S MCGEHEE SCHOOL 2343 PRYTANIA ST NEW ORLEANS, LA 701305805	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,615
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,100
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDEN HOUSEPO BOX 750386 NEW ORLEANS, LA 701750386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
METRO CENTERS FOR COMMUNITY ADVOCAC PO BOX 10775 NEW ORLEANS, LA 701810775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN LOUISIANA UNIVERSITY F SLU 10293 HAMMOND, LA 704020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SPECIAL OLYMPICS LOUISIANA INC 1000 E MORRIS AVE HAMMOND, LA 704034456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS LOUISIANA INC 1000 E MORRIS AVE HAMMOND, LA 704034456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS LOUISIANA INC 1000 E MORRIS AVE HAMMOND, LA 704034456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST TAMMANY HOSPITAL FOUNDATION 1202 S TYLER ST COVINGTON, LA 704332330	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
THE SAINT PAULS SCHOOL FOUNDATION PO BOX 928 COVINGTON, LA 704340928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HEIGHTS THERAPY CENTER 82302 HOLLIDAY RD FOLSOM, LA 704370000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FRIENDS HELPING KIDS INC PO BOX 1532 MANDEVILLE, LA 704701532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
TEURLINGS CATHOLIC HIGH SCHOOL 139 TEURLINGS DRIVE LAFAYETTE, LA 705013832	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEURLINGS CATHOLIC HIGH SCHOOL 139 TEURLINGS DRIVE LAFAYETTE, LA 705013832	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
CATHEDRAL CARMEL SCHOOL 848 SAINT JOHN STREET LAFAYETTE, LA 705016762	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CATHEDRAL CARMEL FOUNDATION 848 ST JOHN STREET LAFAYETTE, LA 705010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC SERVICES OF ACADIANA INC 405 SAINT JOHN ST LAFAYETTE, LA 705015707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	855
CATHOLIC SERVICES OF ACADIANA INC 405 SAINT JOHN ST LAFAYETTE, LA 705015707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC SERVICES OF ACADIANA INC 405 SAINT JOHN ST LAFAYETTE, LA 705015707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE MUSEUM ASSOCIATION INC 1122 LAFAYETTE ST LAFAYETTE, LA 705016838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAFAYETTE MUSEUM ASSOCIATION INC 1122 LAFAYETTE ST LAFAYETTE, LA 705016838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADIANA CENTER FOR THE ARTS PO BOX 53762 LAFAYETTE, LA 705053762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	894
ST THOMAS MORE HIGH SCHOOL 450 E FARREL ROAD LAFAYETTE, LA 705087108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST THOMAS MORE HIGH SCHOOL 450 E FARREL ROAD LAFAYETTE, LA 705087108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREETOWN STUDIOS INC 102 SOUTHERN PINES DR LAFAYETTE, LA 705086621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ST THOMAS MORE CATHOLIC HIGH SCHOOL 450 E FARREL RD LAFAYETTE, LA 705087108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAITH HOUSE INCPO BOX 93145 LAFAYETTE, LA 705093145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTUS ST PATRICK FOUNDATION 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 706015725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY AND YOUTH COUNSELING AGENCY 220 LOUIE ST LAKE CHARLES, LA 706017250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
USS ORLECK NAVAL MUSEUM INC PO BOX 4470 LAKE CHARLES, LA 706064470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP ASCENSION FOUNDATION 1006 LA HWY 30 GONZALES, LA 707370000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CENTER FOR PLANNING EXCELLENCE INC 100 LAFAYETTE ST BATON ROUGE, LA 708011201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOUISIANA STATE UNIVERSITY AND AGRI 204 THOMAS BOYD HALL BATON ROUGE, LA 708030001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF MERCY ELEMENTARY SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 708064421	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
OUR LADY OF MERCY ELEMENTARY SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 708064421	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,500
OUR LADY OF MERCY ELEMENTARY SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 708064421	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOL 808 HEARTHSTONE DRIVE BATON ROUGE, LA 708065512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC HIGH SCHOOL 808 HEARTHSTONE DRIVE BATON ROUGE, LA 708065512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CATHOLIC HIGH SCHOOL 808 HEARTHSTONE DRIVE BATON ROUGE, LA 708065512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOL 808 HEARTHSTONE DRIVE BATON ROUGE, LA 708065512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CANCER SERVICES OF GREATER BATON RO 550 LOBDELL AVE BATON ROUGE, LA 708066316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST JOSEPHS ACADEMY 3015 BROUSSARD STREET BATON ROUGE, LA 708081120	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNINGTON BIOMEDICAL RESEARCH FOUN 6400 PERKINS RD BATON ROUGE, LA 708084124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 9644 BROOKLINE AVE BATON ROUGE, LA 708091432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,154
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,210
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
MARY BIRD PERKINS CANCER CENTER FOU 4950 ESSEN LANE BATON ROUGE, LA 708093738	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2644 S SHERWOOD FOREST BLVD STE 108 BATON ROUGE, LA 708162248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	775
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
EMERGE CENTER INC 7784 INNOVATION PARK DR BATON ROUGE, LA 708200000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	350
EMERGE CENTER INC 7784 INNOVATION PARK DR BATON ROUGE, LA 708200000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ORCHESTRA INCPO BOX 788 BATON ROUGE, LA 708210788	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OUR LADY OF THE LAKE FOUNDATION PO BOX 84357 BATON ROUGE, LA 708849921	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
OUR LADY OF THE LAKE FOUNDATION PO BOX 84357 BATON ROUGE, LA 708849921	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FAMILY VIOLENCE BATTER PO BOX 52809 BATON ROUGE, LA 708922809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
LOYOLA COLLEGE PREPARATORY HIGH SCH 921 JORDAN STREET SHREVEPORT, LA 711014309	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN ST SUITE 102 SHREVEPORT, LA 711014310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN ST SUITE 102 SHREVEPORT, LA 711014310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	4,000
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF NORTH LOUIS 401 EDWARDS ST STE 105 SHREVEPORT, LA 711015508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF NORTH LOUIS 401 EDWARDS ST STE 105 SHREVEPORT, LA 711015508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	770
COMMUNITY FOUNDATION OF NORTH LOUIS 401 EDWARDS ST STE 105 SHREVEPORT, LA 711015508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
LOUISIANA ASSN FOR THE BLIND INC 1750 CLAIBORNE AVE SHREVEPORT, LA 711034189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAMMA BETA PHI SOCIETY 2911 CENTENARY BLVD SHREVEPORT, LA 711043335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
C E BYRD FOUNDATION INC 3201 LINE AVE SHREVEPORT, LA 711044241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 3508 BEVERLY PL SHREVEPORT, LA 711044606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENSION CLASSICAL SCHOOL 5075 DIXIE GARDEN DR SHREVEPORT, LA 711054027	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
LSU HEALTH SCIENCES FOUNDATION IN S 920 PIERREMONT RD STE 506 SHREVEPORT, LA 711062093	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE RD SHREVEPORT, LA 711067712	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSSIER KIDS INC2125 AIRLINE DR BOSSIER CITY, LA 711113105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
COMMUNITY RENEWAL INTERNATIONAL INC PO BOX 4678 SHREVEPORT, LA 711340678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
COMMUNITY RENEWAL INTERNATIONAL INC PO BOX 4678 SHREVEPORT, LA 711340678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARK LA TEX CRISIS PREGNANCY CENTER PO BOX 5087 SHREVEPORT, LA 711355087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FDDOC WINNERS CIRCLE INC PO BOX 1701 SHREVEPORT, LA 711661701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JESUS THE GOOD SHEPHERD SCHOOL 900 GOOD SHEPHERD LANE MONROE, LA 712012631	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PILOTS FOR PATIENTS 3127 MERCEDES DR MONROE, LA 712015153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LIFE CHOICES PREGNANCY RESOURCE CEN 2007 ROSELAWN AVE MONROE, LA 712015717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIFE CHOICES PREGNANCY RESOURCE CEN 2007 ROSELAWN AVE MONROE, LA 712015717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUACHITA CHRISTIAN SCHOOL 7065 HIGHWAY 165 N MONROE, LA 712039776	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF LOUISIANA AT MONROE F 700 UNIVERSITY AVENUE MONROE, LA 712034352	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
LAUVIAH FOUNDATION INC 1472 FRENCHMANS BEND RD MONROE, LA 712038766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUVIAH FOUNDATION INC 1472 FRENCHMANS BEND RD MONROE, LA 712038766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OUACHITA CHRISTIAN SCHOOLS INC 7065 HIGHWAY 165 N MONROE, LA 712039776	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CIVIL AIR PATROLPO BOX 7624 MONROE, LA 712117624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAMBLING UNIVERSITY FOUNDATION INC PO BOX 587 GRAMBLING, LA 712450587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
LOUISIANA TECH UNIVERSITY FOUNDATIO PO BOX 3183 TS RUSTON, LA 712720001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
LOUISIANA TECH UNIVERSITY FOUNDATIO PO BOX 3183 TS RUSTON, LA 712720001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIGGIN OUTPO BOX 1122 RUSTON, LA 712731122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE WHITES FERRY ROAD CHURCH OF CHR 3201 N 7TH STREET WEST MONROE, LA 712910000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BIG WHIT 77 FOUNDATION INC 3103 CYPRESS ST STE 3 PMB 257 WEST MONROE, LA 712915270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDWIDE FOUNDATION 102 YELLOWOOD DR WEST MONROE, LA 712919450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ULTIMATE ESCAPEPO BOX 1047 WEST MONROE, LA 712941047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTHERN ARKANSAS UNIVERSITY FOUNDA 100 E UNIVERSITY MSC 9174 MAGNOLIA, AR 717532181	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDERSON STATE UNIVERSITY FOUNDATI PO BOX 7550 ARKADELPHIA, AR 719997550	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
ARKANSAS RISING STARS 901 1/2 E 2ND ST ALTHEIMER, AR 720040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,700
UNIVERSITY OF CENTRAL ARKANSAS FOUN 201 DONAGHEY AVENUE CONWAY, AR 720350001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS SPORTS HALL OF FAME INC 3 VERIZON ARENA WAY N LITTLE ROCK, AR 721145681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ARKANSAS SPORTS HALL OF FAME INC 3 VERIZON ARENA WAY N LITTLE ROCK, AR 721145681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HARDING UNIVERSITY 915 E MARKET BOX 12238 SEARCY, AR 721490001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDING UNIVERSITY 915 E MARKET BOX 12238 SEARCY, AR 721490001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
EPISCOPAL COLLEGIATE SCHOOL 1701 CANTRELL RD LITTLE ROCK, AR 722011111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 722011732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 722011732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUST COMMUNITIES OF ARKANSAS 1400 WEST MARKHAM SUITE 405 LITTLE ROCK, AR 722011826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,085
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,712
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,122
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,130
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,347
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMEN & CHILDREN FIRST THE CENTER A PO BOX 1954 LITTLE ROCK, AR 722031954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF PULASKI COUNTY IN PO BOX 2718 LITTLE ROCK, AR 722032718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY PROMISE OF PULASKI COUNTY IN PO BOX 2718 LITTLE ROCK, AR 722032718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 722057299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS SYMPHONY ORCHESTRA FOUNDAT 2417 NORTH TYLER - BYRNE HALL LITTLE ROCK, AR 722070000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
PARK FOUNDATION INC 6915 GEYER SPRINGS RD LITTLE ROCK, AR 722092727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16,000
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,450
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ARKANSAS RESCUE EFFORT FOR PO BOX 7604 LITTLE ROCK, AR 722177604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TYLER DANNAWAY FOUNDATION PO BOX 26683 LITTLE ROCK, AR 722216621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINE RESCUE AND REHOME INC PO BOX 250567 LITTLE ROCK, AR 722250567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 16307 JONESBORO, AR 724036307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 19051 JONESBORO, AR 724036600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYON COLLEGE ATTN GINA GARRETT LYON COLLEGE 2300 HIGHLAND RD PO BOX 2317 BATESVILLE, AR 725019698	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TURPENTINE CREEK FOUNDATION INC 239 TURPENTINE CREEK LN EUREKA SPGS, AR 726329185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
TURPENTINE CREEK FOUNDATION INC 239 TURPENTINE CREEK LN EUREKA SPGS, AR 726329185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURPENTINE CREEK FOUNDATION INC 239 TURPENTINE CREEK LN EUREKA SPGS, AR 726329185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ARKANSAS FOUNDATION I ANNUAL FUND - 300 UNIVERSITY HOUSE UNIVERISTY OF ARKANSAS FAYETTEVILLE, AR 727011201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44,000
HABITAT FOR HUMANITY INTERNATIONAL 1421 E 15TH ST FAYETTEVILLE, AR 727017217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREDIT COUNSELING OF ARKANSAS INC PO BOX 10168 FAYETTEVILLE, AR 727030040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OZARK LITERACY COUNCIL INC 2596 N KEYSTONE XING FAYETTEVILLE, AR 727032465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHWEST ARKANSAS CHILDRENS SHELTE 14100 VAUGHN RD BENTONVILLE, AR 727125688	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RA-VE CULTURAL FOUNDATION INC 2602 SE 7TH CT BENTONVILLE, AR 727126039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESTORATION MINISTRIES 2215 LITTLE FLOCK DR ROGERS, AR 727567044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
TEEN ACTION AND SUPPORT CENTER 2525 W NEW HOPE RD ROGERS, AR 727581351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN BROWN UNIVERSITY 2000 W UNIVERSITY SILOAM SPRINGS, AR 727612112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE ARKANSAS SINGLE PARENT SCHOLARS 614 EAST EMMA AVE SUITE 119 SPRINGDALE, AR 727644400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
NORTHWEST ARKANSAS CRISIS INTERVENT 614 E EMMA AVE STE 213 SPRINGDALE, AR 727644459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST ARKANSAS CRISIS INTERVENT 614 E EMMA AVE STE 213 SPRINGDALE, AR 727644459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHWEST ARKANSAS FOOD BANK 1378 JUNE SELF DR BETHEL HTS, AR 727648142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
BOY SCOUTS OF AMERICA 1401 OLD GREENWOOD RD FORT SMITH, AR 729010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS INTERVENTION CENTER INCORPOR 5603 S 14TH ST FORT SMITH, AR 729018483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
THE UNIVERSITY OF ARKANSAS FORT SMI PO BOX 3649 FORT SMITH, AR 729133649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE CHILDRENS CENTER INC 6800 NW 39TH EXPY BETHANY, OK 730082513	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRA VERDE DISCOVERY SCHOOL INC 1000 36TH AVE SE NORMAN, OK 730264134	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KCSC CLASSICAL RADIO FOUNDATION 100 N UNIVERSITY DR EDMOND, OK 730345207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CIMARRON CIRCUIT OPERA COMPANY PO BOX 1085 NORMAN, OK 730701085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMAN YOUTH SOCCER ASSOCIATION INC 1001 E ROBINSON ST NORMAN, OK 730716660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOUTHWESTERN OKLAHOMA STATE UNIVERS 100 CAMPUS DR WEATHERFORD, OK 730963001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
WYNNEWOOD CHAMBER OF COMMERCE CHARI PO BOX 616 WYNNEWOOD, OK 730980616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWTON COMMUNITY FOUNDATION AFFILAT PO BOX 1146 OKLAHOMA CITY, OK 731011146	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
OKLAHOMA SHAKESPEARE IN THE PARK PO BOX 1437 OKC, OK 731011437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
OKLAHOMA SHAKESPEARE IN THE PARK PO BOX 1437 OKC, OK 731011437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA SHAKESPEARE IN THE PARK PO BOX 1437 OKC, OK 731011437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 731022214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LIBRARY ENDOWMENT TRUST 300 PARK AVE OKLAHOMA CITY, OK 731023600	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CITY ECONOMIC DEVELOPMENT 123 PARK AVE OKLAHOMA CITY, OK 731029005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,600
OKLAHOMA CITY ECONOMIC DEVELOPMENT 123 PARK AVE OKLAHOMA CITY, OK 731029005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,400
GOOD SHEPHERD MINISTRIES OF OKLAHOM 222 NW 12TH ST OKLAHOMA CITY, OK 731030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOVENLIFE INC701 NE 13TH ST OKLAHOMA CITY, OK 731045003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OKLAHOMA MEDICAL RESEARCH FOUNDATIO 825 NE 13TH ST OKLAHOMA CITY, OK 731045005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
OKLAHOMA MEDICAL RESEARCH FOUNDATIO 825 NE 13TH ST OKLAHOMA CITY, OK 731045005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNBEAM FAMILY SERVICES INC 1100 N W 14TH STREET OKLAHOMA CITY, OK 731060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	888
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	179
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
NEIGHBORHOOD SERVICES ORGANIZATION 431 SW 11TH ST OKLAHOMA CITY, OK 731095613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OKLAHOMA EDUCATIONAL TELEVISION AUT 7403 N KELLEY AVE OKLAHOMA CITY, OK 731118420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OKLAHOMA EDUCATIONAL TELEVISION AUT 7403 N KELLEY AVE OKLAHOMA CITY, OK 731118420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL CARE INCORPORATED 12201 N WESTERN AVE OKLAHOMA CITY, OK 731148022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 3031 NW 64TH OKLAHOMA CITY, OK 731163257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BISHOP MCGUINNESS CATHOLIC HIGH SCH 801 NW 50TH STREET OKLAHOMA CITY, OK 731186001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA SOCIETY OF CERTIFIED PUBLI 1900 NW EXPRESSWAY 910 OKLAHOMA CITY, OK 731180000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
AMERICAN INDIAN CULTURAL CENTER FOU 659 AMERICAN INDIAN BLVD OKLAHOMA CITY, OK 731296100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
LIFESHARE TRANSPLANT DONOR SERVICES 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 731325213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL FAMILY SOLUTIONS INC 7405 S DOUGLAS AVE OKLAHOMA CITY, OK 731391911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 15TH AVE NW ARDMORE, OK 734011808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE GRACE CENTER OF SOUTHERN OKLAHO 11 A ST NW ARDMORE, OK 734016507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2412 ARDMORE, OK 734022412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ARTS FOR ALL INCPO BOX 592 LAWTON, OK 735020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ARTS FOR ALL INCPO BOX 592 LAWTON, OK 735020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWTON PUBLIC SCHOOL FOUNDATION INC PO BOX 2323 LAWTON, OK 735022323	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CAMERON UNIVERSITY FOUNDATION INC 2800 W GORE BLVD LAWTON, OK 735056320	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	700
CAMERON UNIVERSITY FOUNDATION INC 2800 W GORE BLVD LAWTON, OK 735056320	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVUS OUTREACH INC 600 SE DELAWARE SUITE 200 BARTLESVILLE, OK 740033640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
OKLAHOMA WESTIE RESCUE FOUNDATION 9810 E 116TH ST S BIXBY, OK 740082211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIXBY CENTRAL ELEMENTARY PARENT TEA 201 S MAIN ST BIXBY, OK 740084503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATESWAY FOUNDATION INC 1217 E COLLEGE ST BROKEN ARROW, OK 740124204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
HOPE HARBOR INCPO BOX 1047 CLAREMORE, OK 740181047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF TULSA 800 SOUTH TUCKER DRIVE TULSA, OK 741043126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TULSA 800 SOUTH TUCKER DRIVE TULSA, OK 741043126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF TULSA800 TUCKER DR TULSA, OK 741049700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ELIOT ELEMENTARY FOUNDATION INC 1442 E 36TH ST TULSA, OK 741053216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIOT ELEMENTARY FOUNDATION INC 1442 E 36TH ST TULSA, OK 741053216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
STREET SCHOOL INC1135 S YALE AVE TULSA, OK 741125342	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
STREET SCHOOL INC1135 S YALE AVE TULSA, OK 741125342	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASCIA HALL ALUMNI ASSOCIATION 2520 S YORKTOWN AVE TULSA, OK 741142809	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 741193607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 741193607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY & CHILDRENS SERVICE INC 650 S PEORIA AVE TULSA, OK 741204429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
FAMILY & CHILDRENS SERVICE INC 650 S PEORIA AVE TULSA, OK 741204429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE GILLIES 1400 N GILCREASE MUSEUM RD TULSA, OK 741272105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GILLIES 1400 N GILCREASE MUSEUM RD TULSA, OK 741272105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE GILLIES 1400 N GILCREASE MUSEUM RD TULSA, OK 741272105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RESTORE HOPE MINISTRIES INC 2960 CHARLES PAGE BLVD TULSA, OK 741278318	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORE HOPE MINISTRIES INC 2960 CHARLES PAGE BLVD TULSA, OK 741278318	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HEALING HEARTS INTERNATIONAL INC 7204 E 90TH ST TULSA, OK 741334897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	943
HOLLAND HALL5666 E 81ST ST TULSA, OK 741372001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUNCH OUTREACH 2921 E 91ST ST BOX A TULSA, OK 741373322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
LAUNCH OUTREACH 2921 E 91ST ST BOX A TULSA, OK 741373322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 741460000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 741460000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 741460000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 741460000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD EAST AVE TULSA, OK 741462444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
SCOTT CARTER FOUNDATION PO BOX 700448 TULSA, OK 741700448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA, OK 741710003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,938
KELLY B TODD CEREBRAL PALSY & NEURO PO BOX 2643 MUSKOGEE, OK 744022643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ZOE INSTITUTE INC 309 S MUSKOGEE AVENUE TAHLEQUAH, OK 744641544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1876 TAHLEQUAH, OK 744651876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WILLOW SPRINGS BOYS RANCH INC PO BOX 308 CHANDLER, OK 748340308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
GREENHILL SCHOOL 4141 SPRING VALLEY RD ADDISON, TX 750013683	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE MARY KAY FOUNDATION 16251 DALLAS PKWY ADDISON, TX 750016801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEROES ON THE WATER 101 N GREENVILLE AVE 55 ALLEN, TX 750022200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ALLEN SPORTS ASSOCIATION INC 950 E MAIN ST ALLEN, TX 750023115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR LOVEJOY SCHOOLS 259 COUNTRY CLUB RD ALLEN, TX 750027643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOSAIC2245 MIDWAY ROAD STE 300 CARROLLTON, TX 750064958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PRINCE OF PEACE CHRISTIAN SCHOOL 4000 MIDWAY ROAD CARROLLTON, TX 750071903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,600
PRINCE OF PEACE CHRISTIAN SCHOOL 4004 MIDWAY RD CARROLLTON, TX 750071903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ROSE SOCIETY 2911 WINTERBERRY DR CARROLLTON, TX 750075326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,400
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
PAMANAPO BOX 1164 ALLEN, TX 750130019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PAMANAPO BOX 1164 ALLEN, TX 750130019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
NISHANT CANCER FOUNDATION 713 BALDWIN CT ALLEN, TX 750132988	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
IRVING CARES INCPO BOX 177425 IRVING, TX 750177425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRVING CARES INCPO BOX 177425 IRVING, TX 750177425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COPPELL HIGH SCHOOL PARENT TEACHER PO BOX 243 COPPELL, TX 750190243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ST ALPHONSA SYRO-MALABAR CATHOLIC C PO BOX 1862 COPPELL, TX 750191862	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOCKINGBIRD ELEMENTARY PARENT TEACH 300 MOCKINGBIRD LN COPPELL, TX 750194142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MOCKINGBIRD ELEMENTARY PARENT TEACH 300 MOCKINGBIRD LN COPPELL, TX 750194142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
TEXAS YOUTH ULTIMATE 228 BEECHWOOD LN COPPELL, TX 750195300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW TAMIL FOUNDATION 731 CRESTWOOD DR COPPELL, TX 750196605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DFW TAMIL FOUNDATION 731 CRESTWOOD DR COPPELL, TX 750196605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DENISON ISD EDUCATION FOUNDATION IN 1201 S RUSK AVE DENISON, TX 750206340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISON ISD EDUCATION FOUNDATION IN 1201 S RUSK AVE DENISON, TX 750206340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KNIGHTS TEMPLAR EYE FOUNDATION INC 1033 LONG PRAIRIE RD STE 5 FLOWER MOUND, TX 750224230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GREAT LAKES ACADEMY 6000 CUSTER ROAD BLDG 7 PLANO, TX 750235100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW GUJARATI SAMAJ INC 3320 THERONDUNN DR PLANO, TX 750236208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
DFW GUJARATI SAMAJ INC 3320 THERONDUNN DR PLANO, TX 750236208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SRI SHIRDI SAI BABA TEMPLE OF DFW 2109 W PARKER RD STE 212 PLANO, TX 750237739	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI SHIRDI SAI BABA TEMPLE OF DFW 2109 W PARKER RD STE 212 PLANO, TX 750237739	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,552
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5830 GRANITE PKWY SUITE 100-320 PLANO, TX 750246771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5830 GRANITE PKY SUITE 100-320 PLANO, TX 750246771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAI AMERICAN FOUNDATION 4641 CANAL ST PLANO, TX 750248505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PTA TEXAS CONGRESS 8500 GIFFORD DRIVE PLANO, TX 750253896	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TAMIL MALARUM MAIYAM INC 2412 CIMMARON DR PLANO, TX 750254714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAGADGURU KRIPALUJI YOG 7405 STONEY POINT DR PLANO, TX 750256118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	201
STEAM ENGINE 2300 MCDERMOTT RD STE 285 PLANO, TX 750257016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
IMAGINE BEYOND FOUNDATION PO BOX 262632 PLANO, TX 750262632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	701
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLOWER MOUND COMMUNITY ORCHESTRA PO BOX 270002 FLOWER MOUND, TX 750270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FLOWER MOUND COMMUNITY ORCHESTRA PO BOX 270002 FLOWER MOUND, TX 750270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAKESIDE AQUATIC CLUB PO BOX 270189 FLOWER MOUND, TX 750270189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC PO BOX 271811 FLOWER MOUND, TX 750271811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DAUNTLESS RESCUE INC 3513 MAYHAW DR FLOWER MOUND, TX 750288917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DAUNTLESS RESCUE INC 3513 MAYHAW DR FLOWER MOUND, TX 750288917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAUNTLESS RESCUE INC 3513 MAYHAW DR FLOWER MOUND, TX 750288917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DAUNTLESS RESCUE INC 3513 MAYHAW DR FLOWER MOUND, TX 750288917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEWISVILLE HIGH SCHOOL BANDBOOSTERS PO BOX 293872 LEWISVILLE, TX 750293872	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROWLETT HIGH SCHOOL FOOTBALL BOOSTE PO BOX 1922 ROWLETT, TX 750301922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEART OF AUTISM 12722 SWAN LAKE DR FRISCO, TX 750331646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PINK EL3650 OVERHILL DR FRISCO, TX 750341292	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTTAR PRADESH ASSOCIATION & SUBURBS 4793 MANOR LANE FRISCO, TX 750340000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HERITAGE ASSOCIATION OF FRISCO PO BOX 263 FRISCO, TX 750340005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO WOMENS LEAGUEPO BOX 2151 FRISCO, TX 750340038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRISCO WOMENS LEAGUEPO BOX 2151 FRISCO, TX 750340038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRISCO HUMANE SOCIETYPO BOX 2655 FRISCO, TX 750340049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO HUMANE SOCIETYPO BOX 2655 FRISCO, TX 750340049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRISCO BALLET 7975 STONEBROOK PKWY FRISCO, TX 750341004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
LEGACY CHRISTIAN ACADEMY 5000 ACADEMY DR FRISCO, TX 750341206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY CHRISTIAN ACADEMY 5000 ACADEMY DR FRISCO, TX 750341206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
LEGACY CHRISTIAN ACADEMY 5000 ACADEMY DR FRISCO, TX 750341206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	390
WAKELAND HIGH SCHOOL BAND BOOSTERS 10700 LEGACY DR FRISCO, TX 750341260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REEDY HIGH SCHOOL BAND BOOSTER CLUB 3003 STONEBROOK PKWY FRISCO, TX 750341310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LIFE TALK RESOURCE CENTER 8380 WARREN PKWY STE 204 FRISCO, TX 750344271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL BREAST CANCER FOUNDATION I 2600 NETWORK BLVD STE 300 FRISCO, TX 750346010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BECKYS HOPE HORSE RESCUE INC 4760 PRESTON RD STE 244 313 FRISCO, TX 750348549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HERITAGE HIGH SCHOOL BAND BOOSTER A 14040 ELDORADO PKWY FRISCO, TX 750355852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD STE 203 FRISCO, TX 750356081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD STE 203 FRISCO, TX 750356081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD STE 203 FRISCO, TX 750356081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,500
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD STE 203 FRISCO, TX 750356081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO LACROSSE ASSOCIATION INC 11013 JEREME TRL FRISCO, TX 750357803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRISCO LACROSSE ASSOCIATION INC 11013 JEREME TRL FRISCO, TX 750357803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TOUCH A LIFE 400 EAST ROYAL LANE BLDG 3 SUITE 29 IRVING, TX 750393540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOUCH A LIFE 400 EAST ROYAL LANE BLDG 3 SUITE 29 IRVING, TX 750393540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
SER-JOBS FOR PROGRESS NATIONAL INC 100 E ROYAL LANE STE 130 IRVING, TX 750394219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RECYCLED POMERANIANS AND SCHIPPERKE 1530 TURNING LEAF LN GARLAND, TX 750408925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS RABBIT SANCTUARY CORP 1013 LESA LANE GARLAND, TX 750425620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOBERMAN RESCUE OF NORTH TEXAS INC 2021 ROCK CREEK DRIVE GRAND PRAIRIE, TX 750502237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FOUNDATION FOR LIBERTY AND AMERICAN 2803 RIVERSIDE PKWY APT 4907 GRAND PRAIRIE, TX 750508772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC SCHOOL OF IRVING 2555 ESTERS ROAD IRVING, TX 750625009	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	900
MAGIC BEANS CORPORATION 4813 N O CONNOR RD APT 125 IRVING, TX 750622311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FRWY IRVING, TX 750623911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY IRVING, TX 750623955	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
TEXAS NEUROFIBROMATOSIS FOUNDATION 320 DECKER DR STE 100 IRVING, TX 750624129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE HIGHLANDS SCHOOL INC 1451 E NORTHGATE DR IRVING, TX 750624705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF IRVING 2555 ESTERS RD IRVING, TX 750625009	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	750
FAMILY LEGACY MISSIONS INTERNATIONA 5005 W ROYAL LN STE 252 IRVING, TX 750631961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,164
MARCO POLO WORLD FOUNDATION INC 1209 VALLEY VISTA DR IRVING, TX 750639394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HHCR FOUNDATION 1184 PLEASANT OAKS DR LEWISVILLE, TX 750672009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF LEWISVILLE 1565 W MAIN ST 208246 LEWISVILLE, TX 750673394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF LEWISVILLE 1565 W MAIN ST 208246 LEWISVILLE, TX 750673394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF LEWISVILLE 1565 W MAIN ST 208246 LEWISVILLE, TX 750673394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAVE THE ANIMALS RESCUE SOCIETY INC 1079 W ROUND GROVE RD 300-154 LEWISVILLE, TX 750677905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 750693960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 750693960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 750693960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER CAN STICK IT FOUNDATI 5133 POND VIEW LN FAIRVIEW, TX 750696860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 7152 SIVLERADO TRAIL MCKINNEY, TX 750700000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
SRS RAISE THE ROOF FOUNDATION INC 5900 S LAKE FOREST DR STE 400 MCKINNEY, TX 750702196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 750702815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 750702815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 750702815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 750702815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REACH OUT HONDURAS INC PO BOX 2993 MCKINNEY, TX 750708180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,260
MCKINNEY CHRISTIAN SCHOOL 3601 BOIS D ARC ROAD MCKINNEY, TX 750713237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS ASSISTING COLLIN COUNTY SH 4300 COMMUNITY AVE MCKINNEY, TX 750712535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAMARITIAN INN FOUNDATION INC 1710 N MCDONALD ST MCKINNEY, TX 750718229	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	47
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SECOND CHANCE SPCA1700 J AVE PLANO, TX 750746118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND CHANCE SPCA1700 J AVE PLANO, TX 750746118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEN 20 ART1020 E 15TH ST PLANO, TX 750746222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TEN 20 ART1020 E 15TH ST PLANO, TX 750746222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PLANO IMPROVEMENT CORPORATION 1520 K AVENUE STE 340 PLANO, TX 750746232	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST PLANO ISLAMIC CENTER 1350 STAR CT PLANO, TX 750747353	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
PLANO SENIOR HIGH SCHOOL ORCHESTRA 2200 INDEPENDENCE PKWY PLANO, TX 750753143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLANO SENIOR HIGH SCHOOL ORCHESTRA 2200 INDEPENDENCE PKWY PLANO, TX 750753143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANO METROPOLITAN BALLET INC 3131 CUSTER RD STE 195 PLANO, TX 750754423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JOHN PAUL II HIGH SCHOOL 900 COIT RD PLANO, TX 750755811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
JOHN PAUL II HIGH SCHOOL 900 COIT RD PLANO, TX 750755811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHAN OUTREACH 2001 W PLANO PKWY STE 3700 PLANO, TX 750758662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BORDER COLLIE RESCUE & REHAB OF TEX PO BOX 902 PROSPER, TX 750780902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
J J PEARCE ATHLETIC BOOSTER CLUB 1600 N COIT RD RICHARDSON, TX 750802805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON SYMPHONY INC 399 W CAMPBELL RD STE 200A RICHARDSON, TX 750803606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
RICHARDSON SYMPHONY INC 399 W CAMPBELL RD STE 200A RICHARDSON, TX 750803606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
RICHARDSON HIGH SCHOOL AREA BAND CL 1250 W BELT LINE RD RICHARDSON, TX 750805850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF DALLAS INC 1201 EXECUTIVE DR WEST RICHARDSON, TX 750812232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 750832857	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 750832857	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEET ADELINES INTERNATIONAL PO BOX 832978 RICHARDSON, TX 750832978	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARK HOUSE FOUNDATION PO BOX 833656 RICHARDSON, TX 750833656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
TEXAS MUSLIM WOMENS FOUNDATION INC PO BOX 863388 PLANO TEXAS 75086 PLANO, TX 750863388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW COCKER SPANIEL RESCUE PO BOX 863704 PLANO, TX 750863704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4 ROCKWALL, TX 750870004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAMILY HUMANITARIAN EXPERIENCE 8201 YACHT CLUB DR ROWLETT, TX 750892513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERMAN ISD EDUCATION FOUNDATION IN 2701 N LOY LAKE RD SHERMAN, TX 750901701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AUSTIN COLLEGE900 N GRAND AVE 6G SHERMAN, TX 750904400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SHERMAN COMMUNITY PLAYERS 500 N ELM ST SHERMAN, TX 750905808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART & DRAMA CENTRE THEATRE 5220 VILLAGE CREEK DR PLANO, TX 750935066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ART & DRAMA CENTRE THEATRE 5220 VILLAGE CREEK DR PLANO, TX 750935066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANO WEST SENIOR HIGH SCHOOL BAND 5601 W PARKER RD PLANO, TX 750937727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLIS ISLAND CAT RESCUE 515 RIDGEVIEW DR MURPHY, TX 750943226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELLIS ISLAND CAT RESCUE 515 RIDGEVIEW DR MURPHY, TX 750943226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROYECTO ABRIGO 213 HAWTHORNE DR MURPHY, TX 750943525	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROYECTO ABRIGO 213 HAWTHORNE DR MURPHY, TX 750943525	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	303
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,414
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	705
INSYNC EXOTICS INCPOBOX 968 WYLIE, TX 750985776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSYNC EXOTICS INCPOBOX 968 WYLIE, TX 750985776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INSPIRE SCHOOL PROGRAMS 1231 E PLEASANT RUN RD CEDAR HILL, TX 751044101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	875
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
WRC PREGNANCY CENTER OF ELLIS COUNT 1204 FERRIS AVE STE E WAXAHACHIE, TX 751651875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WRC PREGNANCY CENTER OF ELLIS COUNT 1204 FERRIS AVE STE E WAXAHACHIE, TX 751651875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WRC PREGNANCY CENTER OF ELLIS COUNT 1204 FERRIS AVE STE E WAXAHACHIE, TX 751651875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
WAXAHACHIE COMMUNITY THEATER INC PO BOX 2102 WAXAHACHIE, TX 751682102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESQUITE BASEBALL INC PO BOX 871205 MESQUITE, TX 751871205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REAL ESTATE COUNCIL COMMUNITY FUND 3100 MCKINNON ST DALLAS, TX 752011044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
DALLAS SYMPHONY ASSOCIATION INC 2301 FLORA STREET SUITE 300 DALLAS, TX 752012413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS SYMPHONY ASSOCIATION INC 2301 FLORA STREET SUITE 300 DALLAS, TX 752012413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
BAYLOR REGIONAL MEDICAL CENTER AT P 2001 BRYAN ST STE 2300 DALLAS, TX 752013063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WORLD AFFAIRS COUNCIL OF DALLAS FOR 325 N ST PAUL STREET SUITE 4200 DALLAS, TX 752013857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDINGCOMMUNITY WORKSHOP 416 S ERVAY ST DALLAS, TX 752015504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
DALLAS FIRST PRESBYTERIAN CHURCH DE 1835 YOUNG ST DALLAS, TX 752015610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BUCKNER FOUNDATION 700 N PEARL ST STE 1200 DALLAS, TX 752017405	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 752020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 752020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DALLAS EC311 N MARKET ST STE 200 DALLAS, TX 752021854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS HOLOCAUST MUSEUM 211 N RECORD STREET 100 DALLAS, TX 752023361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DALLAS HOLOCAUST MUSEUM 211 N RECORD STREET 100 DALLAS, TX 752023361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SALESMANSHIP CLUB CHARITABLE GOLF O 106 E 10TH ST SUITE 200 DALLAS, TX 752032236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESMANSHIP CLUB CHARITABLE GOLF O 106 E 10TH ST SUITE 200 DALLAS, TX 752032236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DALLAS ZOO MANAGEMENT INC 650 S R L THORNTON FWY DALLAS, TX 752033013	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	800
SALESMANSHIP CLUB OF DALLAS 106 EAST 10TH STREET SUITE 200 DALLAS, TX 752036642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESMANSHIP CLUB OF DALLAS 106 EAST 10TH STREET SUITE 200 DALLAS, TX 752036642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VOLUNTEERNOW2800 LIVE OAK ST DALLAS, TX 752040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHARED HOUSING CENTER INC 402 N GOOD LATIMER EXPY DALLAS, TX 752045814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF GREATER DA 624 N GOOD LATIMER STE 200 DALLAS, TX 752045818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRESERVATION DALLAS 2922 SWISS AVE DALLAS, TX 752045962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MCCULLOCH INTERMEDIATE SCHOOL 3555 GRANADA AVE DALLAS, TX 752052235	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE LN DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE LN DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE LN DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LA FIESTA DE LAS SEIS BANDERAS INC 3419 WESTMINSTER STE 289 DALLAS, TX 752051387	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE COMMUNITY SCHOOL OF PARK CITIES 3412 BINKLEY AVE DALLAS, TX 752052230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 3555 GRANADA AVE DALLAS, TX 752052235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	675
HPUMC DAY SCHOOL PARENTS ASSOCIATIO 3300 MOCKINGBIRD LN DALLAS, TX 752052327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CLAYTON DABNEY FOUNDATION FOR KIDS 6500 GREENVILLE AVE STE 342 DALLAS, TX 752061828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTITUDES & ATTIRE 2050 N STEMMNS FWY UNIT 102 DALLAS, TX 752073204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PWA COALITION OF DALLAS INC P O BOX 4338 DALLAS, TX 752080338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PWA COALITION OF DALLAS INC P O BOX 4338 DALLAS, TX 752080338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KESSLER SCHOOL INC 1215 TURNER AVE DALLAS, TX 752082631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
AIDS ARMS INC 351 WEST JEFFERSON BLVD STE 300 DALLAS, TX 752087860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PLACE FOUNDATION PO BOX 7999 DALLAS, TX 752090999	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF THE SOUTH DALLAS CULTURA 3400 S FITZHUGH AVE DALLAS, TX 752102572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 752110575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 752110575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,650
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 752110575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 752110575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
ZION LUTHERAN SCHOOL 6121 E LOVERS LANE DALLAS, TX 752142029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR CALLING INCPO BOX 140428 DALLAS, TX 752140428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC DAUGHTERS OF THE AMERICAS 6150 SUDBURY DR DALLAS, TX 752142329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG THOUGHT 1409 S LAMAR STREET SUITE 1015 DALLAS, TX 752151871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE ROCK CENTER OF HOPE PO BOX 180358 DALLAS, TX 752180358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE MAGDALEN HOUSE 1302 REDWOOD CIR DALLAS, TX 752183654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW TEXAS SYMPHONY ORCHESTRA 3620 HARRY HINES 35 DALLAS, TX 752190000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARGA NOVA DANCE 3630 HARRY HINES BLVD DALLAS, TX 752193201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 752193239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 752193239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
GREAT INVESTORS BEST IDEAS FOUNDATI 3879 MAPLE AVE STE 350 DALLAS, TX 752193962	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	334
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD PROTECTION CONNECTION 3131 TURTLE CREEK BLVD STE 1018 DALLAS, TX 752195439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIONS SIGHT & TISSUE FOUDNATION OF P O BOX 191121 DALLAS, TX 752198121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PARKS AND WILDLIFE FOUNDATION OF TE PO BOX 191207 DALLAS, TX 752198207	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOW ROSE GALA FOUNDATION PO BOX 192131 DALLAS, TX 752198513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UPTOWN PLAYERS INCPO BOX 192264 DALLAS, TX 752198516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ADVISORY BOARD BOOKER T WASHINGTON PO BOX 192648 DALLAS, TX 752198524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION FOR INDEPENDENT LIVING 2826 STOREY LANE DALLAS, TX 752204550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
OPERATION CARE INTERNATIONAL INC PO BOX 224136 DALLAS, TX 752224136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OPERATION CARE INTERNATIONAL INC PO BOX 224136 DALLAS, TX 752224136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WEST KESSLER NEIGHBORHOOD ASSOC PO BOX 225647 DALLAS, TX 752225647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY FOR YOUNG VICTORS INC 5404 GURLEY AVE DALLAS, TX 752231851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,040
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY PARK SCHOOL PARENT-TEAC 3505 AMHERST AVE DALLAS, TX 752257420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
UNIVERSITY PARK SCHOOL PARENT-TEAC 3505 AMHERST AVE DALLAS, TX 752257420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,850
COMMUNITIES FOUNDATION OF TEXAS INC 5500 CARUTH HAVEN LN DALLAS, TX 752258146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES FOUNDATION OF TEXAS INC 5500 CARUTH HAVEN LN DALLAS, TX 752258146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	698
TEXAS BAPTIST MEN INC 5351 CATRON DR DALLAS, TX 752272038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
TEXAS BAPTIST MEN INC 5351 CATRON DR DALLAS, TX 752272038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW FURGOTTEN FRIENDS 7037 LANYON DR DALLAS, TX 752272765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DFW FURGOTTEN FRIENDS 7037 LANYON DR DALLAS, TX 752272765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 752294118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EPISCOPAL SCHOOL OF DALLAS (PK- 4100 MERRELL ROAD DALLAS, TX 752296217	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,250
LILY FOUNDATION OF AMERICA PO BOX 59824 DALLAS, TX 752291824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR CREATION RESEARCH 1806 ROYAL LN DALLAS, TX 752293126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WINSTON SCHOOL5707 ROYAL LN DALLAS, TX 752295536	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,600
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
ALCUIN SCHOOL6144 CHURCHILL WAY DALLAS, TX 752301804	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS PETS ALIVE 11700 PRESTON RD STE 660 263 DALLAS, TX 752302739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
DALLAS PETS ALIVE 11700 PRESTON RD STE 660 263 DALLAS, TX 752302739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN RD DALLAS, TX 752303352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN RD DALLAS, TX 752303352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN RD DALLAS, TX 752303352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
CHARITY HORSE SHOWS OF TEXAS 10830 N CENTRAL EXPWY STE 120 DALLAS, TX 752310000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST TRANSPLANT ALLIANCE INC 5489 BLAIR ROAD DALLAS, TX 752314179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,805
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,424
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	595
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,195
DALLAS CHILDRENS THEATER INC 5938 SKILLMAN ST DALLAS, TX 752317608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,143
THE ELISA PROJECT 10300 N CENTRAL EXPRESSWAY DALLAS, TX 752318600	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW TZUS AND MORE RESCUE 3635 GARDEN BROOK DR APT 21200 FARMERS BRNCH, TX 752344506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DFW TZUS AND MORE RESCUE 3635 GARDEN BROOK DR APT 21200 FARMERS BRNCH, TX 752344506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	277
FARMERS BRANCH COMMUNITY THEATRE IN 2535 VALLEY VIEW LN FARMERS BRNCH, TX 752346189	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY CONNECTION TEXAS 8802 HARRY HINES BLVD DALLAS, TX 752351716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF METROPOLITAN 2040 EMPIRE CENTRAL DALLAS, TX 752354304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRLS INCORPORATED OF METROPOLITAN 2040 EMPIRE CENTRAL DR DALLAS, TX 752354304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD ROAD DALLAS, TX 752357423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD ROAD DALLAS, TX 752357423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD ROAD DALLAS, TX 752357423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
RONALD MCDONALD HOUSE OF DALLAS INC 4707 BENGAL ST DALLAS, TX 752358007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	730
RONALD MCDONALD HOUSE OF DALLAS INC 4707 BENGAL ST DALLAS, TX 752358007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,363
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DALLAS FAM 4707 BENGAL ST DALLAS, TX 752358007	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30
NORTH TEXAS FOOD BANK 4500 S COCKRELL HILL RD DALLAS, TX 752362028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEAD START OF GREATER DALLAS INC 3954 GANNON LN DALLAS, TX 752372919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE HIGHLANDS WOMENS LEAGUE 060194 PO BOX 38011 DALLAS, TX 752380011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ST JAMES EPISCOPAL SCHOOL OF DALLAS 9845 MCCREE RD DALLAS, TX 752383444	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	259
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS CRANIOFACIAL ASSOCIATION 13140 COIT RD STE 517 517 DALLAS, TX 752405715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS JUNIOR FORUM INC 5930 LBJ FREEWAY SUITE 350 DALLAS, TX 752406304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	238
DALLAS JUNIOR FORUM INC 5930 LBJ FREEWAY SUITE 350 DALLAS, TX 752406304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GDIACC FOUNDATION INC 5930 LBJ FWY SUITE 310 DALLAS, TX 752406372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T4 GLOBAL INC 12655 N CENTRAL EXPWY SUITE 600 DALLAS, TX 752430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JAPAN-AMERICA SOCIETY OF DALLAS FOR 11615 FOREST CENTRAL206 LB26 DALLAS, TX 752430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TASK FORCE DAGGER FOUNDATION 12655 N CENTRAL EXPY STE 340 DALLAS, TX 752431759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE SERVICES OF NORTH TEXAS 9241 LBJ FREEWAY SUITE 210 DALLAS, TX 752433447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MEDISEND INTERNATIONAL 9244 MARKVILLE DR DALLAS, TX 752434404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MEDISEND INTERNATIONAL 9244 MARKVILLE DR DALLAS, TX 752434404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS, TX 752435514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 9373 WHITEHURST DR DALLAS, TX 752436364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JESUIT COLLEGE PREP SCHOOL 12345 INWOOD ROAD DALLAS, TX 752448024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 752440000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANE ROSSO RESCUE 13636 NEUTRON RD FARMERS BRNCH, TX 752444410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 250 DALLAS, TX 752446120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 250 DALLAS, TX 752446125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY 526 DALLAS, TX 752446169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,180
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,040
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	780
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,040
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 752446169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,066
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	661
HOUSING CRISIS CENTER INC 4210 JUNIUS ST DALLAS, TX 752461429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HOUSING CRISIS CENTER INC 4210 JUNIUS ST DALLAS, TX 752461429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY COMPASS4210 JUNIUS STREET DALLAS, TX 752461429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
PARKLAND FOUNDATION 1341 W MOCKINGBIRD LN SUITE 1100E DALLAS, TX 752474943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PARKLAND FOUNDATION 1341 W MOCKINGBIRD LN SUITE 1100E DALLAS, TX 752474943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKLAND FOUNDATION 1341 W MOCKINGBIRD LN SUITE 1100E DALLAS, TX 752474943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO RD DALLAS, TX 752483420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
CODYS FRIENDS RESCUE 6501 CLEARHAVEN CIR DALLAS, TX 752484017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN TEXAS PROFESSIONAL GOLFERS 15150 PRESTON RD STE 250 DALLAS, TX 752484863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
JEWISH FAMILY SERVICE OF GREATER DA 5402 ARAPAHO ROAD DALLAS, TX 752486905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SONYAS HOUSE INC7008 SORCEY RD DALLAS, TX 752491340	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	232
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAVNEH ACADEMY OF DALLAS 12324 MERIT DR DALLAS, TX 752512222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
PRESBYTERIAN COMMUNITIES AND SERVIC 12467 MERIT DR DALLAS, TX 752512344	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
ANN & NATE LEVINE ACADEMY 18011 HILLCREST ROAD DALLAS, TX 752525863	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	645
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,536
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	238
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	308
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	603
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	783
TEXAS TORAH INSTITUTE 6506 FRANKFORD RD DALLAS, TX 752525845	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS TORAH INSTITUTE 6506 FRANKFORD RD DALLAS, TX 752525845	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 650309 DALLAS, TX 752650309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 650309 DALLAS, TX 752650309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,075
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
DALLAS HISTORICAL SOCIETY HALL OF S PO BOX 150038 DALLAS, TX 753150038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER MINISTRIES OF DALLAS FOUNDA PO BOX 151085 DALLAS, TX 753151085	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
DALLAS WIND SYMPHONY PO BOX 595026 DALLAS, TX 753590026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GOLDEN RETRIEVER RESCUE OF NORTH TE PO BOX 670031 DALLAS, TX 753670031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE OF NORTH TE PO BOX 670031 DALLAS, TX 753670031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER MINISTRIES OF DALLAS PO BOX 710729 DALLAS, TX 753710729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE THE VILLAGEPO BOX 764993 DALLAS, TX 753764993	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WATER IS BASICPO BOX 815852 DALLAS, TX 753815852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,025
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TEXAS A & M UNIVERSITY COMMERCE PO BOX 3425 COMMERCE, TX 754293011	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,200
THE TEXAS A & M UNIVERSITY COMMERCE PO BOX 3425 COMMERCE, TX 754293011	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
CLASSROOM CANINES 314-A WEST LENNON DR STE 121 EMORY, TX 754403036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS LITTLE CUTIES RESCUE 16886 S STATE HIGHWAY 78 LEONARD, TX 754523928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARRY MCKILLOP EL3509 LIBERTY WAY MELISSA, TX 754540127	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EAST TEXAS CHRISTIAN SCHOOL PO BOX 8053 LONGVIEW, TX 756078053	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,366
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF RUSK COUNTY 710 ROBERTSON BLVD HENDERSON, TX 756526154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ALL SAINTS EPISCOPAL SCHOOL OF TYLE 2695 S SOUTHWEST LOOP 323 TYLER, TX 757010753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
HOSPICE OF EAST TEXAS FOUNDATION 4111 UNIVERSITY BLVD TYLER, TX 757016623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER FOUNDATION FOR LIFE INC 218 N COLLEGE AVE TYLER, TX 757025715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
EAST TEXAS CORNERSTONE ASSISTANCE N 200 N BECKHAM AVE TYLER, TX 757025918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMENS FUND OF SMITH COUNTY 4908 HIGHTECH DR TYLER, TX 757032625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR RESCUED ANI 17552 FM 14 TYLER, TX 757062300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LIGHTHOUSE FOR CHRIST MISSION PO BOX 8318 TYLER, TX 757118318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TYLER JUNIOR COLLEGE FOUNDATION PO BOX 9020 TYLER, TX 757119020	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TYLER JUNIOR COLLEGE FOUNDATION PO BOX 9020 TYLER, TX 757119020	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	625
STEPHEN F AUSTIN STATE UNIVERSITY F OFFICE OF DEVELOPMENT - PO BOX 6092 SFA STATION NACOGDOCHES, TX 759626092	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
STEPHEN F AUSTIN STATE UNIVERSITY F OFFICE OF DEVELOPMENT - PO BOX 6092 SFA STATION NACOGDOCHES, TX 759626092	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MRC ATHLETIC ASSOCIATION 7032 PICKFORD CT ARLINGTON, TX 760016220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL FEDERATION OF THE BLIND AR 8409 PAXTON RUN CT ARLINGTON, TX 760023018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAL FARLEYS BOYS RANCH ALUMNI ASSOC 603 SUNLIGHT DR ARLINGTON, TX 760063636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEDO HIGH SCHOOL PROJECT CELEBRATI PO BOX 1210 ALEDO, TX 760081210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MEADOW CREEK BAPTIST CHURCH 2503 BEDFORD RD BEDFORD, TX 760216985	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
OPEN DOOR FELLOWSHIP MINISTRIES INC 301 S DOBSON ST BURLESON, TX 760284811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAGS FOR FALLEN VETS 1002 DAVIS ST CLEBURNE, TX 760338704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FIRST BAPTIST CHURCH OF EULESS 1000 AIRPORT FWY EULESS, TX 760393156	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
NEURO FITNESS FOUNDATION 1500 WESTPARK WAY EULESS, TX 760406736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTH PROMISE 2155 COUNTY ROAD 2008 GLEN ROSE, TX 760436117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAPPY HILL FARM CHILDRENS HOME INC 3846 N HWY 144 GRANBURY, TX 760487811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HAPPY HILL FARM CHILDRENS HOME INC 3846 N HWY 144 GRANBURY, TX 760487811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWSHIP CONNECTION 2450 N HIGHWAY 121 GRAPEVINE, TX 760512002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
FAITH CHRISTIAN SCHOOL INC 730 E WORTH ST GRAPEVINE, TX 760513653	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 760522861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 760522861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 760522861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 900 N WALNUT CREEK DR 100 PMB 202 MANSFIELD, TX 760638042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 900 N WALNUT CREEK DR 100 PMB 202 MANSFIELD, TX 760638042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 900 N WALNUT CREEK DR 100 PMB 202 MANSFIELD, TX 760638042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 900 N WALNUT CREEK STE 100 PMB 202 MANSFIELD, TX 760638042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAAM RELIEF FOUNDATION 206 FORESTRIDGE DR MANSFIELD, TX 760638805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHRIS KYLE FROG FOUNDATION PO BOX 1337 MIDLOTHIAN, TX 760650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GRACE HOUSE MINISTRIES PO BOX 1416 WEATHERFORD, TX 760861416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS PYTHIAN HOME INC 1825 E BANKHEAD DR WEATHERFORD, TX 760864614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DRAGON YOUTH FOOTBALL INC PO BOX 93406 SOUTHLAKE, TX 760920113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ITS ALL GOOD CAUSE ITS ALL GOD PO BOX 182552 ARLINGTON, TX 760962552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,163
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHISHOLM TRAIL 100 CLUBPO BOX 332 BURLESON, TX 760970332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
INTERNATIONAL SISTER CITIES ASSOCIA PO BOX 17879 FORT WORTH, TX 761020879	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET SUITE 400 FORT WORTH, TX 761023717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
TARRANT COUNTY COLLEGE FOUNDATION 1500 HOUSTON ST FORT WORTH, TX 761026524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
PRESBYTERIAN NIGHT SHELTER OF TARRA 2400 CYPRESS ST FORT WORTH, TX 761026764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST FORT WORTH MONTESSORI SCHOOL 501 OAKLAND BLVD FORT WORTH, TX 761031014	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
RONALD MCDONALD HOUSE OF FORT WORTH 1001 8TH AVENUE FORT WORTH, TX 761042706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
RONALD MCDONALD HOUSE OF FORT WORTH 1001 8TH AVENUE FORT WORTH, TX 761042706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF FORT WORTH 1004 7TH AVE FORT WORTH, TX 761042706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
W I COOK FOUNDATION INC 801 7TH AVE FORT WORTH, TX 761042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
W I COOK FOUNDATION INC 801 7TH AVE FORT WORTH, TX 761042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHAT ABOUT REMEMBERING ME CENTER IN 809 LIPSCOMB ST FORT WORTH, TX 761043121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WHAT ABOUT REMEMBERING ME CENTER IN 809 LIPSCOMB ST FORT WORTH, TX 761043121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
WHAT ABOUT REMEMBERING ME CENTER IN 809 LIPSCOMB ST FORT WORTH, TX 761043121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA MANANA INC 3101 W LANCASTER AVE FORT WORTH, TX 761073042	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
TARRANT AREA COMMUNITY OF CHURCHES 2601 CLOVER LN FORT WORTH, TX 761074345	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOSPICE OF TEXAS 6100 WESTERN PL SUITE 105 FORT WORTH, TX 761074667	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTLEDGE FOUNDATION 5608 MALVEY AVE SUITE 223 FORT WORTH, TX 761075100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARLINGTON HEIGHTS HIGH SCHOOL DANCE 4501 WEST FWY FORT WORTH, TX 761075430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MHMR VISIONS3840 HULEN ST FORT WORTH, TX 761077277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW CATHOLIC SCHOOL 3304 DRYDEN RD FORT WORTH, TX 761093704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST ANDREW CATHOLIC SCHOOL 3304 DRYDEN RD FORT WORTH, TX 761093704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	405
ST ANDREW CATHOLIC SCHOOL 3304 DRYDEN RD FORT WORTH, TX 761093704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT WORTH COUNTRY DAY SCHOOL INC 4200 COUNTRY DAY LN FORT WORTH, TX 761094201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,250
FORT WORTH COUNTRY DAY SCHOOL INC 4200 COUNTRY DAY LN FORT WORTH, TX 761094201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FORT WORTH CRISIS PREGNANCY CENTER PO BOX 11437 FORT WORTH, TX 761100437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN BREEN MEMORIAL FOUNDATION I 1940 WARNER RD FORT WORTH, TX 761101255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WOMENS CENTER OF TARRANT COUNTY INC 1723 HEMPHILL STREET FORT WORTH, TX 761101516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WOMENS CENTER OF TARRANT COUNTY INC 1723 HEMPHILL STREET FORT WORTH, TX 761101516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCYS LOST LOVED ONES 2301 HONEYSUCKLE AVEUE FORT WORTH, TX 761110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
COMMUNITY FOOD BANK 3000 GALVEZ AVENUE FORT WORTH, TX 761113820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF GREATER FORT 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NINJA PAWS RESCUE6000 CHOLLA DR FORT WORTH, TX 761121103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PRESBYTERIAN NIGHT SHELTER OF TARRA PO BOX 2645 FORT WORTH, TX 761132645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TEXAS BALLET THEATER INC 1540 MALL CIRCLE FORT WORTH, TX 761161535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
JUNIOR ACHIEVEMENT OF THE CHISHOLM 6300 RIDGLEA PL STE 400 FORT WORTH, TX 761165706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE CHISHOLM 6300 RIDGLEA PL STE 400 FORT WORTH, TX 761165706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HALTOM AREA BAND FRIENDS PO BOX 14424 HALTOM CITY, TX 761170424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS INC OF TARRANT COUN 5740 AIRPORT FWY FORT WORTH, TX 761176005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEN HOGAN FOUNDATION PO BOX 121518 FORT WORTH, TX 761211518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,229
PTA TEXAS CONGRESS 800 MERCEDES ST BENBROOK, TX 761262527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA TEXAS CONGRESS 800 MERCEDES ST BENBROOK, TX 761262527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 800 MERCEDES ST BENBROOK, TX 761262527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAGINAW BAND BOOSTERS 800 N BLUE MOUND RD SAGINAW, TX 761311052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRINITY VALLEY SCHOOL 7500 DUTCH BRANCH RD FORT WORTH, TX 761324110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY VALLEY SCHOOL 7500 DUTCH BRANCH RD FORT WORTH, TX 761324110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CAMP FIRE2700 MEACHAM BLVD FORT WORTH, TX 761374601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EXPANCO INC3005 WICHITA CT FORT WORTH, TX 761401710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SPROUTS HILLSIDE PRESCHOOL 13105 HARMON RD FORT WORTH, TX 761776532	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
COMMUNITY LINK MISSION INC 300 BELMONT ST SAGINAW, TX 761791617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY LINK MISSION INC 300 BELMONT ST SAGINAW, TX 761791617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ENRICHMENT CENTER INC 6250 NE LOOP 820 NORTH RICHLAND HILLS, TX 761807842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,480
LIFE OUTREACH INTERNATIONAL ASSOCIA PO BOX 982000 FT WORTH, TX 761828000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	325
LIFE OUTREACH INTERNATIONAL ASSOCIA PO BOX 982000 FT WORTH, TX 761828000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE OUTREACH INTERNATIONAL ASSOCIA PO BOX 982000 FT WORTH, TX 761828000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ANIMAL INVESTIGATION AND RESPONSE PO BOX 100383 FORT WORTH, TX 761850383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
DENTON ASSISTANCE CENTER INC 821 N ELM ST DENTON, TX 762012934	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOAN SCHOOLPO BOX 2961 DENTON, TX 762022961	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIR DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
TEXAS WOMANS UNIVERSITY PO BOX 425439 DENTON, TX 762045439	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW RESCUE ME INCPO BOX 51652 DENTON, TX 762061652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIBERTY CHRISTIAN SCHOOL 9301 HIGHWAY 377 ARGYLE, TX 762267720	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
LIFESONG MINISTRY FILE1209 5TH ST ARGYLE, TX 762261669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARGYLE ISD EDUCATION FOUNDATION INC 800 EAGLE DR ARGYLE, TX 762261928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,750
SOUTHWESTERN DIABETIC FOUNDATION IN PO BOX 918 GAINESVILLE, TX 762410918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWESTERN DIABETIC FOUNDATION IN PO BOX 918 GAINESVILLE, TX 762410918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION IN ACTIONPO BOX 2285 KELLER, TX 762440000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
GODS COMPANYPO BOX 134 KELLER, TX 762440134	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
TIMBER CREEK HIGH SCHOOL ATHLETIC B 12350 TIMBERLAND BLVD FORT WORTH, TX 762445558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLANTFEW INCPO BOX 1157 ROANOKE, TX 762621157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
WESTLAKE ACADEMY FOUNDATION 2600 J T OTTINGER RD WESTLAKE, TX 762628012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY OF WICHITA COUNTY TE PO BOX 3648 WICHITA FALLS, TX 763010648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF WICHITA FALLS 1318 6TH ST WICHITA FALLS, TX 763012319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,800
CAMP FIRE2414 9TH ST WICHITA FALLS, TX 763014033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RATHGEBER HOSPITALITY HOUSE INC 1615 12TH ST WICHITA FALLS, TX 763014300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FALLS FAITH MISSION INC 1300 TRAVIS ST WICHITA FALLS, TX 763017049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ZAVALA HISPANIC CULTURAL INITIATIVE PO BOX 373 WICHITA FALLS, TX 763070373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PETS LOW COST SPAY AND NEUTER CLINI PO BOX 4669 WICHITA FALLS, TX 763080669	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST ACADEMY5105 STONE LAKE DR WICHITA FALLS, TX 763108030	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WISE COUNTY QUILT GUILD 12101 FM 2210 E BRIDGEPORT, TX 764265539	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BLUFF DALE VOLUNTEER FIRE DEPT PO BOX 337 BLUFF DALE, TX 764330337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUARDIAN ANGELS FOR SOLDIERS PET 9725 FM 1783 GATESVILLE, TX 765284739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 2601 ATKINSON AVE KILLEEN, TX 765434020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CARE NET PREGNANCY CENTER OF CENTRA 800 W WACO DR WACO, TX 767010005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF THE HEART 1001 WASHINGTON AVE WACO, TX 767011256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST PAULS EPISCOPAL DAY SCHOOL 517 COLUMBUS AVE WACO, TX 767011323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMPASSION MINISTRIES OF WACO INC 1421 AUSTIN AVE WACO, TX 767011709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION MINISTRIES OF WACO INC 1421 AUSTIN AVE WACO, TX 767011709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEIGHBORHOOD HOUSING SERVICES OF WA 922 FRANKLIN AVE WACO, TX 767011906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
WACO CHAMBER OF COMMERCE COMMUNITY PO BOX 1220 WACO, TX 767031220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WACO CHAMBER OF COMMERCE COMMUNITY PO BOX 1220 WACO, TX 767031220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FUZZY FRIENDS RESCUEPO BOX 2028 WACO, TX 767032028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WACO HABITAT FOR HUMANITY PO BOX 2124 WACO, TX 767032124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WACO COMMUNITY DEVELOPMENT CORPORAT 1624 COLCORD WACO, TX 767072203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
REICHER CATHOLIC HIGH SCHOOL WACO T 2102 N 23RD ST WACO, TX 767083310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
VANGUARD COLLEGE PREPARATORY SCHOOL 2517 MOUNT CARMEL DRIVE WACO, TX 767101507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCLENNAN COUNTY FAIR INC 4601 BOSQUE BLVD WACO, TX 767104604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BRAZOS EDUCATION FOUNDATION INC 2600 WASHINGTON AVE WACO, TX 767107449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
BAYLOR UNIVERSITY 1 BEAR PL UNIT 97050 WACO, TX 767987050	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
GRACE TEMPLE MINISTRIES INC 105 GUTHRIE ST SAN ANGELO, TX 769013527	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 401 N CHADBOURNE SAN ANGELO, TX 769035736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
CROCKETT COUNTY HISTORICAL SCIENTIF PO BOX 1444 OZONA, TX 769431444	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON COLLEGE OF BU PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF HOUSTON FOUNDATION ONE MAIN ST HOUSTON, TX 770021001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
HARRIS COUNTY SHERIFF RESERVE 810 NORTH SAN JACINTO SUITE 250 HOUSTON, TX 770021220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON BALLET FOUNDATION 601 PRESTON ST HOUSTON, TX 770021605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HOUSTON SYMPHONY SOCIETY 615 LOUISIANA ST STE 102 HOUSTON, TX 770022715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOUSTON SYMPHONY SOCIETY 615 LOUISIANA ST STE 102 HOUSTON, TX 770022715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED COLLAR RESCUE INC 945 MCKINNEY ST STE 424 HOUSTON, TX 770026308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATHOLIC DIOCESE OF GALVESTON-HOUS 1700 SAN JACINTO HOUSTON, TX 770028216	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
HOUSTONS CAPITAL INVESTING IN DEVEL 2101 CRAWFORD ST STE 211 HOUSTON, TX 770028941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS OF HOUST 2000 CRAWFORD SUITE 700 HOUSTON, TX 770029000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PRESBYTERIAN SCHOOL 5300 MAIN STREET HOUSTON, TX 770046811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PRESBYTERIAN SCHOOL 5300 MAIN STREET HOUSTON, TX 770046811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOWSTONE ACADEMY INC 3000 TRULLEY ST HOUSTON, TX 770041743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PRESBYTERIAN SCHOOL 5300 S MAIN ST HOUSTON, TX 770046811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
CHILDRENS MUSEUM INC1500 BINZ ST HOUSTON, TX 770047112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD RECOVERY COMMUNITY DEV 5445 ALMEDA RD SUITE 505 HOUSTON, TX 770047450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,580
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE TEXAS 1111 LOVETT BOULEVARD HOUSTON, TX 770063823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MENIL FOUNDATION INC 1511 BRANARD ST HOUSTON, TX 770064721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
SHAGGY DOG RESCUE1337 BANKS ST HOUSTON, TX 770066015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAGGY DOG RESCUE1337 BANKS ST HOUSTON, TX 770066015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEAL LEGACY FOUNDATION 1401 MCKINNEY ST STE 2222 HOUSTON, TX 770104038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SEAL LEGACY FOUNDATION 1401 MCKINNEY ST STE 2222 HOUSTON, TX 770104038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
NORTHLAND CHRISTIAN SCHOOL FOUNDATI 4363 SYLVANFIELD DR HOUSTON, TX 770141620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE CATHOLIC SCHOOL 5500 LAUREL CREEK WAY HOUSTON, TX 770176729	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST ROSE OF LIMA CATHOLIC SCHOOL 3600 BRINKMAN STREET HOUSTON, TX 770186329	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
HOUSTON AREA WOMENS CENTER INC 1010 WAUGH DR HOUSTON, TX 770193902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON AREA WOMENS CENTER INC 1010 WAUGH DR HOUSTON, TX 770193902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
HOUSTON AREA WOMENS CENTER INC 1010 WAUGH DR HOUSTON, TX 770193902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RIVER OAKS ELEMENTARY SCHOOL PARENT 2008 KIRBY DR HOUSTON, TX 770196016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER OAKS ELEMENTARY SCHOOL PARENT 2008 KIRBY DR HOUSTON, TX 770196016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BRENDA AND JOHN H DUNCAN RISE SCHOO 5618 H MARK CROSSWELL JR ST HOUSTON, TX 770211079	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TEXAS BROTHERHOOD RIDE 3902 CORDER ST HOUSTON, TX 770215704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,500
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE OF COMMUNITY ASSISTANCE MI 710 N POST OAK ROAD SUITE 210 HOUSTON, TX 770243910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
PTA TEXAS CONGRESS 11950 TAYLORCREST RD HOUSTON, TX 770244300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA TEXAS CONGRESS 11202 SMITHDALE RD HOUSTON, TX 770246722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPELWOOD METHODIST CHURCH 11140 GREENBAY ST HOUSTON, TX 770246729	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
THE FAY SCHOOL105 N POST OAK LN HOUSTON, TX 770247703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
THE FAY SCHOOL105 N POST OAK LN HOUSTON, TX 770247703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAY SCHOOL105 N POST OAK LN HOUSTON, TX 770247703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COASTAL CONSERVATION ASSOCIATION 6919 PORTWEST DR STE 100 HOUSTON, TX 770248010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERY WEINER SCHOOL 9825 STELLA LINK ROAD HOUSTON, TX 770254604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
RIVER OAKS CHAMBER ORCHESTRA 3733-1 WESTHEIMER RD ST 1029 HOUSTON, TX 770270000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,000
SECOND SERVINGS OF HOUSTON 3104 EDLOE ST STE 350 HOUSTON, TX 770276047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMA VIRTUOSI INC4714 INGERSOLL ST HOUSTON, TX 770276602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
IMA VIRTUOSI INC4714 INGERSOLL ST HOUSTON, TX 770276602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 770279398	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON HABITAT FOR HUMANITY INC 3750 N MCCARTY ST HOUSTON, TX 770291046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,953
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,611
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY ACADEMY6221 MAIN ST HOUSTON, TX 770301506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ARCHWAY ACADEMY6221 MAIN ST HOUSTON, TX 770301506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA- MS BCM 160 HOUSTON, TX 770303411	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETINA RESEARCH FOUNDATION 1977 BUTLER BLVD HOUSTON, TX 770304101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSTON HOSPICE 1905 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 770364610	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
LIGHT & SALT ASSOCIATION 9800 TOWN PARK DR SUITE 255 HOUSTON, TX 770362316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 6200 SAVOY STE 530 HOUSTON, TX 770363325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
LITERACY ADVANCE OF HOUSTON INC 2424 WILCREST SUITE 120 HOUSTON, TX 770422761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LITERACY ADVANCE OF HOUSTON INC 2424 WILCREST SUITE 120 HOUSTON, TX 770422761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY ADVANCE OF HOUSTON INC 2424 WILCREST SUITE 120 HOUSTON, TX 770422761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOUSTON HUMANE SOCIETY 14812 ALMEDA RD HOUSTON, TX 770534928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOUSTON HUMANE SOCIETY 14812 ALMEDA RD HOUSTON, TX 770534928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST REGIONAL BLOOD CENTER 1400 LA CONCHA LN HOUSTON, TX 770541802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,740
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,408
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	890
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY 8111 N STADIUM DR STE 100 HOUSTON, TX 770541844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS8390 WESTVIEW HOUSTON, TX 770556738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
GREATER HOUSTON COMMUNITY FOUNDATIO 5120 WOODWAY DRIVE NO 6000 HOUSTON, TX 770561723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CLARE OF ASSISI CATHOLIC SCHOOL 3131 EL DORADO BLVD HOUSTON, TX 770595100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,700
BARBARA BUSH HOUSTON LITERACY FOUND 7887 SAN FELIPE ST STE 250 HOUSTON, TX 770631621	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	85
BARBARA BUSH HOUSTON LITERACY FOUND 7887 SAN FELIPE ST STE 250 HOUSTON, TX 770631621	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K-9 ANGELS RESCUE9415 WINSOME LN HOUSTON, TX 770633903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
STURGE-WEBER FOUNDATION 12345 JONES RD STE 125 HOUSTON, TX 770704958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
NIGERIAN AMERICAN MULTICULTURAL CEN 8226 FURLONG LN HOUSTON, TX 770713623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALDINE EDUCATION FOUNDATION 2520 WW THORNE BLVD HOUSTON, TX 770733406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JOHN PAUL II CATHOLIC SCHOOL 1400 PARKWAY PLAZA DRIVE HOUSTON, TX 770771503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
WILCHESTER MENS GROUP INC 13506 PINEROCK LN HOUSTON, TX 770797007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILCHESTER MENS GROUP INC 13506 PINEROCK LN HOUSTON, TX 770797007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DRIVE SUITE 200 HOUSTON, TX 770812227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST LONG DRIVE HOUSTON, TX 770871005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST LONG DRIVE HOUSTON, TX 770871005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST LONG DRIVE HOUSTON, TX 770871005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST LONG DRIVE HOUSTON, TX 770871005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST LONG DRIVE HOUSTON, TX 770871005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
EDUCATIONAL PROGRAMS INSPIRING COMM 6717 STUEBNER AIRLINE RD STE 207 HOUSTON, TX 770912508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
EDUCATIONAL PROGRAMS INSPIRING COMM 6717 STUEBNER AIRLINE RD STE 207 HOUSTON, TX 770912508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL PROGRAMS INSPIRING COMM 6717 STUEBNER AIRLINE RD STE 207 HOUSTON, TX 770912508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ST PIUS X HIGH SCHOOL 811 W DONOVAN HOUSTON, TX 770915699	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
ST PIUS X HIGH SCHOOL 811 W DONOVAN HOUSTON, TX 770915699	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X HIGH SCHOOL 811 W DONOVAN HOUSTON, TX 770915699	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
HOUSTON ISD4400 WEST 18TH ST HOUSTON, TX 770928501	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	350
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,405
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PRISON ENTREPRENEURSHIP PROGRAM PO BOX 926274 HOUSTON, TX 770928736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRISON ENTREPRENEURSHIP PROGRAM PO BOX 926274 HOUSTON, TX 770928736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
CONGREGATION BETH YESHURUN 4525 BEECHNUT ST HOUSTON, TX 770961801	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,775
CONGREGATION BETH YESHURUN 4525 BEECHNUT ST HOUSTON, TX 770961801	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BETH YESHURUN DAY SCHOOL 4525 BEECHNUT ST HOUSTON, TX 770961801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
EVELYN RUBENSTEIN JEWISH COMMUNITY 5601 S BRAESWOOD BLVD HOUSTON, TX 770963907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	221
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON FOUNDATION 4800 CALHOUN HOUSTON, TX 772042174	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	401
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN COMMUNITY SERVICE CENTER P O BOX 27924 HOUSTON, TX 772277924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 772300630	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 772300630	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 772300630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TEXAS CHILDRENS HOSPITAL OFFICE OF PHILANTHROPY STE 5214 PO BOX 300630 HOUSTON, TX 772300630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
FOUNDATION TO ADVANCE ISLAMIC TEACH PO BOX 75212 HOUSTON, TX 772345212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONS OF YAHWEH INC P O BOX 40787 HOUSTON, TX 772400787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MISSIONS OF YAHWEH INC P O BOX 40787 HOUSTON, TX 772400787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
HOUSTON HUMANE SOCIETY PO BOX 450528 HOUSTON, TX 772450528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON HUMANE SOCIETY PO BOX 450528 HOUSTON, TX 772450528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DOGS FOR LAW ENFORCEMENT PO BOX 2911 HOUSTON, TX 772522911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 3007 HOUSTON, TX 772533007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 772541712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
COMMUNITIES IN SCHOOLS BAY AREA INC PO BOX 580096 HOUSTON, TX 772580096	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
BAY AREA HOUSTON BALLET & THEATRE PO BOX 580466 HOUSTON, TX 772580466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA HOUSTON BALLET & THEATRE PO BOX 580466 HOUSTON, TX 772580466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MUSEUM OF FINE ARTS HOUSTON PO BOX 6826 HOUSTON, TX 772656826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MUSEUM OF FINE ARTS HOUSTON PO BOX 6826 HOUSTON, TX 772656826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROGRESS IN EDUCATION INC PO BOX 710092 HOUSTON, TX 772710092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
PROGRESS IN EDUCATION INC PO BOX 710092 HOUSTON, TX 772710092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CITY WIDE CLUB OF CLUBS PO BOX 74889 HOUSTON, TX 772740889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	217
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEWA INTERNATIONAL INC PO BOX 820867 HOUSTON, TX 772820867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SEWA INTERNATIONAL INC PO BOX 820867 HOUSTON, TX 772820867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,353
SEWA INTERNATIONAL INC PO BOX 820867 HOUSTON, TX 772820867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEWA INTERNATIONAL INC PO BOX 820867 HOUSTON, TX 772820867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE ARC OF GREATER HOUSTON PO BOX 924168 HOUSTON, TX 772924168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
THE ARC OF GREATER HOUSTON PO BOX 924168 HOUSTON, TX 772924168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	743
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF GREATER HOUSTON PO BOX 924168 HOUSTON, TX 772924168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 772924331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILD ADVOCATES OF MONTGOMERY COUNT 412 W PHILLIPS ST STE 107 CONROE, TX 773012664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAM HOUSTON STATE UNIVERSITY PO BOX 2537 HUNTSVILLE, TX 773412537	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10,000
MYOCARDITIS FOUNDATION 3518 ECHO MOUNTAIN DR KINGWOOD, TX 773452030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH HARRIS MONTGOMERY COMMUNITY C 5000 RESEARCH FOREST DR THE WOODLANDS, TX 773814356	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVE PIRATES FOUNDATION 70 W THYMEWOOD PL THE WOODLANDS, TX 773822618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
THE WOODLANDS CHRISTIAN ACADEMY 5800 ACADEMY WAY THE WOODLANDS, TX 773840000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
HOUSTON HOMELESS PET PROJECT 28315 PEPER HOLLOW LN SPRING, TX 773861858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CISD EDUCATIONAL SUPPORT GROUPS INC 3333 WATERBEND CV SPRING, TX 773863907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POST OAK SCHOOL 4600 BISSONNET STREET BELLAIRE, TX 774013002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
EPISCOPAL HIGH SCHOOL 4650 BISSONNET ST BELLAIRE, TX 774013002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
EPISCOPAL HIGH SCHOOL 4650 BISSONNET ST BELLAIRE, TX 774013002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLAIRE HIGH SCHOOL PARENT TEACHER 5100 MAPLE ST BELLAIRE, TX 774014936	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 3101 BELLAIRE, TX 774023101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TOURETTE ASSOCIATION OF AMERICA INC 3919 RIVER FOREST DR RICHMOND, TX 774068212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS L WILLIAMS CHAPTER - GUNAA PO BOX 845 MISSOURI CITY, TX 774590845	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE SUNRISE YOUTH SOCCER CLUB 5606 VALLEY COUNTRY LN SUGAR LAND, TX 774794541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUGAR LAND GIRLS SOFTBALL ASSOCIATI PO BOX 198 SUGAR LAND, TX 774870198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOME ENCOURAGEMENT MINISTRIES INC 2910 COMMERCIAL CENTER BLVD STE 103 KATY, TX 774946584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHANGING LIFE ATHLETICS 1450 W GRAND PARKWAY SOUTH KATY, TX 774948286	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JACINTO COMMUNITY COLLEGE FOUND 4624 FAIRMONT PKWY STE 212 PASADENA, TX 775043329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAN JACINTO COMMUNITY COLLEGE FOUND 4624 FAIRMONT PKWY STE 212 PASADENA, TX 775043329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,500
ST JOSEPH CATHOLIC SCHOOL 1811 CAROLINA ST BAYTOWN, TX 775206026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOSE CREEK CISD EDUCATION FOUNDATI 4544 IH 10 BAYTOWN, TX 775220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOOSE CREEK CISD EDUCATION FOUNDATI 4544 IH 10 BAYTOWN, TX 775220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAY AREA HOMELESS SERVICES INC PO BOX 4130 BAYTOWN, TX 775224130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOSPORT FINE ARTS COUNCIL INC 400 COLLEGE DR CLUTE, TX 775314778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF SHRINERS HOSPITALS FOR C 2307 S MISSION CIR FRIENDSWOOD, TX 775465939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GALVESTON INDEPENDENT SCHOOL DISTRI 3904 AVENUE T GALVESTON, TX 775508643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HORSES INCPO BOX 213 HITCHCOCK, TX 775630213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HORSES INCPO BOX 213 HITCHCOCK, TX 775630213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRAZOSPORT ROTARY CLUB CHARITABLE F PO BOX 71 LAKE JACKSON, TX 775660071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOSPORT ROTARY CLUB CHARITABLE F PO BOX 71 LAKE JACKSON, TX 775660071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BRAZOSPORT ROTARY CLUB CHARITABLE F PO BOX 71 LAKE JACKSON, TX 775660071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
GULF COAST BIRD OBSERVATORY INC 299 HIGHWAY 332 W LAKE JACKSON, TX 775664019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN BRAZORIA COUNTY ANIMAL SHE 141 CANNA LN LAKE JACKSON, TX 775665677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CLEAR CREEK EDUCATION FOUNDATION PO BOX 1631 LEAGUE CITY, TX 775741631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOLEANA STABLES 2502 SHADY FALLS LN PEARLAND, TX 775843383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEABROOK ROTARY FOUNDATION PO BOX 869 SEABROOK, TX 775860869	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GALVESTON-HOUSTON FAMILIES EXPLORIN 515 SEAWAY DR EL LAGO, TX 775865811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOMEN IN LEADERSHIP SOCIETY PO BOX 683 PEARLAND, TX 775880683	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CITY INDEPENDENT SCHOOL DISTR 1700 9TH AVE N TEXAS CITY, TX 775905447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
TEXAS CITY ROTARY FOUNDATION INC PO BOX 2699 TEXAS CITY, TX 775922699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HARDIN JEFFERSON EDUCATION FOUNDATI PO BOX 398 CHINA, TX 776130398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDIN JEFFERSON EDUCATION FOUNDATI PO BOX 398 CHINA, TX 776130398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
GARTH HOUSE MICKEY MEHAFFY CHILDREN 1895 MCFADDIN AVENUE BEAUMONT, TX 777011622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHRISTUS HEALTH FOUNDATION OF SOUTH 2830 CALDER ST BEAUMONT, TX 777021809	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF BEAUMONT TEXAS 2388 MCFADDIN ST BEAUMONT, TX 777022017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	505
NUTRITION AND SERVICES FOR SENIORS 4590 CONCORD RD BEAUMONT, TX 777031806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NUTRITION AND SERVICES FOR SENIORS 4590 CONCORD RD BEAUMONT, TX 777031806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST TEXAS FOOD BANK 3845 MARTIN LUTHER KING PKWY BEAUMONT, TX 777050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LITTLE LEAGUE BASEBALL INC 5125 OAKMONT DR BEAUMONT, TX 777067645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LAMAR UNIVERSITY FOUNDATION INC PO BOX 11500 BEAUMONT, TX 777100000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMAR UNIVERSITY FOUNDATION INC PO BOX 11500 BEAUMONT, TX 777100000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
VANGUARD CLASSICAL ACADEMY INC PO BOX 20962 BEAUMONT, TX 777200962	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
SCOTTYS HOUSE BRAZOS VALLEY CHILD A 2424 KENT ST BRYAN, TX 778021937	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTTYS HOUSE BRAZOS VALLEY CHILD A 2424 KENT ST BRYAN, TX 778021937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCOTTYS HOUSE BRAZOS VALLEY CHILD A 2424 KENT ST BRYAN, TX 778021937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRAZOS VALLEY MUSEUM OF NATURAL HIS 3232 BRIARCREST DR BRYAN, TX 778023015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOS VALLEY MUSEUM OF NATURAL HIS 3232 BRIARCREST DR BRYAN, TX 778023015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
BALLET BRAZOS 3000 BRIARCREST DR 207 BRYAN, TX 778023054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HISPANIOLA MEDICAL CHARITY 4304 NEWCASTLE CT BRYAN, TX 778025909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE BRAZOS VALLEY INC 502 W 26TH ST BRYAN, TX 778032426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
VOICES FOR CHILDREN INC 115 N MAIN ST BRYAN, TX 778033235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEXAS AGGIE BAND ASSOCIATION 1134 FINFEATHER RD BRYAN, TX 778033823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 778033823	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 778033823	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 778033823	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOS COMMUNITY FOUNDATION PO BOX 2622 BRYAN, TX 778052622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MERCY PROJECT INCPO BOX 3005 BRYAN, TX 778053005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TWIN CITY MISSIONPO BOX 3490 BRYAN, TX 778053490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN CITY MISSIONPO BOX 3490 BRYAN, TX 778053490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
BRAZOS VALLEY FOOD BANK INC PO BOX 74 BRYAN, TX 778060074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BRAZOS VALLEY FOOD BANK INC PO BOX 74 BRYAN, TX 778060074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	933
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,743
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	361
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	246
COLLEGE STATION ISD EDUCATION FOUND 1812 WELSH AVE COLLEGE STA, TX 778404800	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GEORGE BUSH PRESIDENTIAL LIBRARY FO PO BOX 14141 COLLEGE STATION, TX 778414141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,355
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOKS AND A BLANKET 2108 CHIPPENDALE ST COLLEGE STA, TX 778455581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST JOSEPH HIGH SCHOOL 110 E RED RIVER STREET VICTORIA, TX 779015237	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
PERPETUAL HELP HOME INC PO BOX 4305 VICTORIA, TX 779034305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KERR COUNTY CELTIC ASSOCIATION 165 SCENIC VALLEY RD LOT 36 KERRVILLE, TX 780287932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEXAS LIONS CAMP INCPO BOX 290247 KERRVILLE, TX 780290247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 294566 KERRVILLE, TX 780294566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAREDO-WEBB NEIGHBORHOOD HOUSING SE 216 BOB BULLOCK LOOP LAREDO, TX 780434206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FEED THE HUNGRY SAN MIGUEL INC 220 N ZAPATA HWY 11 LAREDO, TX 780434464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
ARMS OF HOPE 21300 STATE HIGHWAY 16 NORTH MEDINA, TX 780553820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,045
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMS OF HOPE 21300 STATE HIGHWAY 16 NORTH MEDINA, TX 780553820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
ST JUDES RANCH FOR CHILDREN TEXAS R 652 OLD BEAR CREEK RD NEW BRAUNFELS, TX 781322867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF PERPETUAL HELP SCHOOL 16075 NORTH EVANS ROAD SELMA, TX 781543824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS LUTHERAN UNIVERSITY 1000 W COURT ST SEGUIN, TX 781555978	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
SAY SI1518 S ALAMO ST SAN ANTONIO, TX 782041763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CHORUS OF SAN ANTONIO 106 AUDITORIUM CIR STE 115 SAN ANTONIO, TX 782051346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CHILDRENS CHORUS OF SAN ANTONIO 106 AUDITORIUM CIR STE 115 SAN ANTONIO, TX 782051346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILDRENS CHORUS OF SAN ANTONIO 106 AUDITORIUM CIR STE 115 SAN ANTONIO, TX 782051346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I CARE SAN ANTONIO INC 1 HAVEN FOR HOPE WAY STE 200 SAN ANTONIO, TX 782071108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
ST LUKE'S EPISCOPAL SCHOOL 15 SAINT LUKES LANE SAN ANTONIO, TX 782094445	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SAN ANTONIO CHILDRENS MUSEUM 2800 BROADWAY ST SAN ANTONIO, TX 782097034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOUNDATION FOR EXCELLEN 141 LAVACA ST SAN ANTONIO, TX 782101039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS BEREAVEMENT CENTER OF SOU 205 W OLMOS DR SAN ANTONIO, TX 782121960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALPHA HOME419 E MULBERRY SAN ANTONIO, TX 782123023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA HOME419 E MULBERRY SAN ANTONIO, TX 782123023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALPHA HOME419 E MULBERRY SAN ANTONIO, TX 782123023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE JOSEPHINE THEATRICAL COMPANY IN 339 W JOSEPHINE ST SAN ANTONIO, TX 782124129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOSEPHINE THEATRICAL COMPANY IN 339 W JOSEPHINE ST SAN ANTONIO, TX 782124129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 782124610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 782124610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782124674	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782124674	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782124674	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 782125802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 782125802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 782125802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2226 NW MILITARY HIGHWAY SAN ANTONIO, TX 782131894	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAN ANTONIO METROPOLITAN MINISTRY I 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 782132325	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
SAN ANTONIO METROPOLITAN MINISTRY I 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 782132325	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO METROPOLITAN MINISTRY I 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 782132325	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 403 E RAMSEY STE 201 SAN ANTONIO, TX 782164662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 403 E RAMSEY STE 201 SAN ANTONIO, TX 782164662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION CENTRAL AND SOU 10615 PERRIN BEITEL RD STE 602 SAN ANTONIO, TX 782173142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,250
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
EL CENTRO DEL BARRIO INC 3750 COMMERCIAL AVE SAN ANTONIO, TX 782213117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE CHILDRENS SHELTER 2939 W WOODLAWN AVE SAN ANTONIO, TX 782285015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS UNIVERSITY OF SAN ANTONIO ONE CAMINO SANTA MARIA SAN ANTONIO, TX 782288544	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY OF SAN ANTONIO 4804 FREDERICKSBURG RD SAN ANTONIO, TX 782293628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF SAN ANTONIO 4804 FREDERICKSBURG RD SAN ANTONIO, TX 782293628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 9830 COLONNADE BLVD STE 130 SAN ANTONIO, TX 782302211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S S SAN ANTONIO, TX 782320000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JUDSON ISD8012 SHIN OAK SAN ANTONIO, TX 782332457	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDSON ISD8012 SHIN OAK SAN ANTONIO, TX 782332457	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
CHILD AND ADULT RESOURCE AND EDUCAT 5235 DAVID EDWARD DR SAN ANTONIO, TX 782336941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TEXAS BIOMEDICAL RESEARCH INSTITUTE PO BOX 760549 SAN ANTONIO, TX 782450549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETCO FOUNDATION 654 RICHLAND HILLS DR SAN ANTONIO, TX 782452149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
REBECCAS WISH7 MALLORY LN SAN ANTONIO, TX 782571240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE MONTESSORI SCHOOL OF SAN ANTONI 17722 ROGERS RANCH PKWY SAN ANTONIO, TX 782584600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO CHRISTIAN SCHOOLS 19202 REDLAND ROAD BUILDING I SAN ANTONIO, TX 782593334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,026
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,923
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
WORK OUT HELP OUTPO BOX 160668 SAN ANTONIO, TX 782802868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	226
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
INGLESIDE ISDP O BOX 1320 INGLESIDE, TX 783621313	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
ROCKPORT-FULTON GOOD SAMARITANS INC 507 S ANN ST ROCKPORT, TX 783822501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARANSAS COUNTY AREA GO TEXAN COMMIT 707 HICKORY AVE ROCKPORT, TX 783825915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY CORPUS CHRISTI, TX 784013431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CORPUS CHRISTI EDUCATION FOUNDATION PO BOX 2822 CORPUS CHRISTI, TX 784032822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPUS CHRISTI HOPE HOUSE INC 658 ROBINSON ST CORPUS CHRISTI, TX 784042521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CORPUS CHRISTI HOPE HOUSE INC 658 ROBINSON ST CORPUS CHRISTI, TX 784042521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CORPUS CHRISTI HOPE HOUSE INC 658 ROBINSON ST CORPUS CHRISTI, TX 784042521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARK ASSESSMENT CENTER AND EMERGENCY 12960 LEOPARD STREET CORPUS CHRISTI, TX 784104510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
BOY SCOUTS OF AMERICA 700 EVERHART TER BLDG A CORPUS CHRISTI, TX 784111939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TEXAS A & M UNIVERSITY-CORPUS CHRIS 6300 OCEAN DRIVE UNIT 5741 CORPUS CHRISTI, TX 784125741	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST HUMANE SOCIETY 3118 CABANISS RD CRP CHRISTI, TX 784155906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARITY LEAGUEPO BOX 6757 CRP CHRISTI, TX 784666757	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 784694899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 784694899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
COMFORT HOUSE SERVICES INC 617 DALLAS AVE MCALLEN, TX 785012752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF THE RIO G 100 SAVANNAH AVE STE 405 MCALLEN, TX 785031279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WILDLIFE CORRIDOR 3325 GREEN JAY RD ALAMO, TX 785167324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY DEVELOPMENT CORPORATION O 901 E LEVEE ST BROWNSVILLE, TX 785205164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF SOUTHERN CAMERON COUN 634 E LEVEE ST BROWNSVILLE, TX 785205214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWNSVILLE MUSEUM OF FINE ART INC 660 E RINGGOLD ST BROWNSVILLE, TX 785207974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
THE UNIVERSITY OF TEXAS RIO GRANDE 1201 W UNIVERSITY DR EITTB1210 EDINBURG, TX 785392909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE UNIVERSITY OF TEXAS RIO GRANDE 1201 W UNIVERSITY DR EITTB1210 EDINBURG, TX 785392909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF EDINBURG RI PO BOX 1079 EDINBURG, TX 785401079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTH TEXAS AGRICULTURAL ROUNDUP PO BOX 1939 EDINBURG, TX 785401939	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
VALLEY INITIATIVE FOR DEVELOPMENT A 417 S OHIO AVE MERCEDES, TX 785703100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PSJA TRI CITY EDUCATION FOUNDATION PO BOX 769 PHARR, TX 785771615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SHRINE OF OUR LADY OF SAN JUAN 400 N NEBRASKA SAN JUAN, TX 785890000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
LAKE BUCHANAN CONSERVATION CORPORAT PO BOX 217 BUCHANAN DAM, TX 786090217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASTROP CATS ANONYMOUS TNR SOCIETY- PO BOX 561 CEDAR CREEK, TX 786120561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PTA TEXAS CONGRESS 300 RYAN JORDAN LN CEDAR PARK, TX 786134298	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HINDU CHARITIES FOR AMERICA 3803 WINCHESTER DR CEDAR PARK, TX 786137419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP ALLIANCE INC PO BOX 1434 DRIPPING SPRINGS, TX 786201434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BROOKWOOD IN GEORGETOWN VOCATIONAL 905 N CHURCH ST GEORGETOWN, TX 786264340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CASA OF WILLIAMSON COUNTY TEXAS 805 W UNIVERSITY AVE SUITE 111 GEORGETOWN, TX 786266507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWESTERN UNIVERSITY PO BOX 770 GEORGETOWN, TX 786270770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,800
SOUTHWESTERN UNIVERSITY PO BOX 770 GEORGETOWN, TX 786270770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,250
SOUTHWESTERN UNIVERSITY PO BOX 770 GEORGETOWN, TX 786270770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN FRIENDS-MIXED BREED RESCU 25025 BINGHAM CREEK RD LEANDER, TX 786418425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAITH ACADEMY OF MARBLE FALLS 3151 E FM 1431 MARBLE FALLS, TX 786543686	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FAITH ACADEMY OF MARBLE FALLS 3151 E FM 1431 MARBLE FALLS, TX 786543686	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ACADEMY WILLIAMSON CO 2555 N IH 35 ROUND ROCK, TX 786642015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TEXAS STATE UNIVERSITY DEVELOPMENT 601 UNIVERSITY DR - JCK 960 SAN MARCOS, TX 786664684	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,200
SCHOOL FUEL 102 WONDER WORLD DR 304-120 SAN MARCOS, TX 786666076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY CLINIC INC 620 ROUND ROCK WEST DRIVE BLDG 8 ROUND ROCK, TX 786815017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PFLUGERVILLE PETS ALIVE PO BOX 3433 PFLUGERVILLE, TX 786913433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AUSTIN ROTARY CLUB FOUNDATION 301 E 8TH ST AUSTIN, TX 787013280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUALITY OF LIFE FOUNDATION OF AUSTI 535 E 5TH ST AUSTIN, TX 787013725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67,500
QUALITY OF LIFE FOUNDATION OF AUSTI 535 E 5TH ST AUSTIN, TX 787013725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,175
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST AUSTIN, TX 787022753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
THE LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 787023456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE LIVESTRONG FOUNDATION 2201 E 6TH ST AUSTIN, TX 787023456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW PHILANTHROPISTS2819 LYONS RD AUSTIN, TX 787023634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
AUSTIN PETS ALIVE 1156 WEST CHESAR CHAVEZ AUSTIN, TX 787030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUSTIN PETS ALIVE 1156 WEST CHESAR CHAVEZ AUSTIN, TX 787030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE FOUNDATION INC 1506 W 6TH ST AUSTIN, TX 787035134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AUSTIN PUBLIC EDUCATION FOUNDATION 1111 W 6TH STREET STE D-300 AUSTIN, TX 787035338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AUSTIN PUBLIC EDUCATION FOUNDATION 1111 W 6TH STREET STE D-300 AUSTIN, TX 787035338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION COMMUNITIES INC 3036 S 1ST ST AUSTIN, TX 787040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FOUNDATION COMMUNITIES INC 3036 S 1ST ST AUSTIN, TX 787040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
HOUSINGWORKS AUSTINPO BOX 41833 AUSTIN, TX 787040031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINSPRING SCHOOLS 1100 W LIVE OAK ST AUSTIN, TX 787045043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
MAINSPRING SCHOOLS 1100 W LIVE OAK ST AUSTIN, TX 787045043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	193
FOUNDATION COMMUNITIES 3036 S 1ST ST STE 200 AUSTIN, TX 787046382	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDWARDS UNIVERSITY UNIVERSITY ADVANCEMENT/GIFT PROCESSING - 3001 S CONGRESS AVE AUSTIN, TX 787046489	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ST AUSTIN CATHOLIC SCHOOL 1911 SAN ANTONIO STREET AUSTIN, TX 787055517	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
SETON FUND OF THE DAUGHTERS OF CHAR 1201 W 38TH STREET AUSTIN, TX 787051056	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS AUDUBON SOCIETY INC 3710 CEDAR STREET BOX 5 AUSTIN, TX 787051450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
YOUNG MENS CHRISTIAN ASSOCIATION OF 3208 RED RIVER ST STE 200 AUSTIN, TX 787052650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AUSTIN PRESBYTERIAN THEOLOGIAL SEMI 100 E 27TH ST AUSTIN, TX 787055711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOMBS SCHOOL OF BUSINESS FOUNDATI UNIVERSITY OF AUSTIN TX GSB-2104 AUSTIN, TX 787120000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	226
MCCOMBS SCHOOL OF BUSINESS FOUNDATI UNIVERSITY OF AUSTIN TX GSB-2104 AUSTIN, TX 787120000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
CAPITAL OF TEXAS PUBLIC TELECOMMUNI 2504 WHITIS AVE UNIT B AUSTIN, TX 787121503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EX STUDENTS ASSOCIATION OF THE PO BOX 7278 AUSTIN, TX 787137278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BOOKSPRINGPO BOX 143147 AUSTIN, TX 787143147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TEXAS INTERSCHOLASTIC LEAGUE FOUNDA PO BOX 151027 AUSTIN, TX 787151027	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS INTERSCHOLASTIC LEAGUE FOUNDA PO BOX 151027 AUSTIN, TX 787151027	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
PTA TEXAS CONGRESS 16200 AVERY RANCH BLVD AUSTIN, TX 787170000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AUSTIN PARKS FOUNDATION 1023 SPRINGDALE RD BLDG 4B AUSTIN, TX 787212441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE COUNCIL CHARITIES 6633 HWY 290 EAST SUITE 204 AUSTIN, TX 787231157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BOYS AND GIRLS CLUBS OF AUSTIN AND 5407 N IH 35 STE 400 AUSTIN, TX 787232445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AUSTIN FILM SOCIETY1901 E 51ST ST AUSTIN, TX 787233040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOYH INC5200 HUTCHINSON DR AUSTIN, TX 787236037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,948
RODEO AUSTIN9100 DECKER LAKE RD AUSTIN, TX 787244012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RODEO AUSTIN9100 DECKER LAKE RD AUSTIN, TX 787244012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS TEXAS INC 3429 EXECUTIVE CENTER DR STE 100 AUSTIN, TX 787311620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WELL AWARE INC 3571 FAR WEST BLVD PMB 229 AUSTIN, TX 787313064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR LEAGUE OF AUSTIN 5416 PARKCREST DRIVE SUITE 100 AUSTIN, TX 787314935	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF AUSTIN 5416 PARKCREST DRIVE SUITE 100 AUSTIN, TX 787314935	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR LEAGUE OF AUSTIN 5416 PARKCREST DRIVE SUITE 100 AUSTIN, TX 787314935	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AUSTIN WALDORF SCHOOL 8700 SOUTH VIEW RD AUSTIN, TX 787371241	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN WALDORF SCHOOL 8700 SOUTH VIEW RD AUSTIN, TX 787371241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CARRYING HOPE 10225 CAMA VALLEY CV AUSTIN, TX 787391426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OFICINA LEGAL DEL PUEBLO UNIDO INC 1405 MONTOPOLIS DR AUSTIN, TX 787413438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OFICINA LEGAL DEL PUEBLO UNIDO INC 1405 MONTOPOLIS DR AUSTIN, TX 787413438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WAYSIDE SCHOOLS6405 S IH 35 AUSTIN, TX 787443401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	70
WAYSIDE SCHOOLS6405 S IH 35 AUSTIN, TX 787443401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL BUEN SAMARITANO EPISCOPAL MISSIO 7000 WOODHUE DR AUSTIN, TX 787455454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BAT CONSERVATION INTERNATIONAL INC 500 CAPITAL OF TEXAS HWY BLDG 1-201 AUSTIN, TX 787463302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
BAT CONSERVATION INTERNATIONAL INC 500 CAPITAL OF TEXAS HWY BLDG 1-201 AUSTIN, TX 787463302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAT CONSERVATION INTERNATIONAL INC 500 CAPITAL OF TEXAS HWY BLDG 1-201 AUSTIN, TX 787463302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BAT CONSERVATION INTERNATIONAL INC 500 CAPITAL OF TEXAS HWY BLDG 1-201 AUSTIN, TX 787463302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BAT CONSERVATION INTERNATIONAL INC 500 CAPITAL OF TEXAS HWY BLDG 1-201 AUSTIN, TX 787463302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MICHAELS EPISCOPAL CHURCH 1500 N CAPITAL OF TEXAS HWY AUSTIN, TX 787463320	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,119
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WESTLAKE HIGH BOOSTER CLUB INC 4100 WESTBANK DR AUSTIN, TX 787466566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TRANSFORMATIONS BY AUSTIN ANGELS 9901 BRODIE LN STE 160 PMB 255 AUSTIN, TX 787485892	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI MATHRUDEVI VISWASHANTHI ASHRAM 11123 ALISON PARK TRL AUSTIN, TX 787501504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
LOUISE H BATZ PATIENT SAFETY FOUNDA 7000 JUNEBERRY CV AUSTIN, TX 787508328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 787514906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WORKSOURCE GREATER AUSTIN AREA WORK 6505 AIRPORT BLVD 101 E AUSTIN, TX 787520000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HUMANE SOCIETY OF AUSTIN & TRAVIS C 124 W ANDERSON LN AUSTIN, TX 787521104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF AUSTIN & TRAVIS C 124 W ANDERSON LN AUSTIN, TX 787521104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
WHIZZKIDS UNITED USA 7517 CAMERON RD STE 118 AUSTIN, TX 787522053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD 507 AUSTIN, TX 787524342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF CENTRAL TEXA 1015 NORWOOD PARK BLVD AUSTIN, TX 787536608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EASTER SEALS-CENTRAL TEXAS INC 8505 CROSS PARK DR STE 120 AUSTIN, TX 787544552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY ELDERCARE INC 1700 RUTHERFORD LANE AUSTIN, TX 787545401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANDLELIGHT RANCH FOUNDATION PO BOX 26367 AUSTIN, TX 787550367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AUSTIN BOXER RESCUEPO BOX 14421 AUSTIN, TX 787614421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC DIOCESE OF AUSTIN PO BOX 15405 AUSTIN, TX 787615405	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PETS ALIVEPO BOX 6247 AUSTIN, TX 787626247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
AUSTIN PETS ALIVEPO BOX 6247 AUSTIN, TX 787626247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN, TX 787654072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILL COUNTRY RIDE FOR AIDS INC PO BOX 49097 AUSTIN, TX 787659097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	710
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	285
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,003
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,133
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	9,050
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,700
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,371
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	833
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 787670250	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF TEXAS FOUNDATION NO 1 PO BOX 250 AUSTIN, TX 787670250	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
YOUNG WOMENS ALLIANCE FOUNDATION PO BOX 1503 AUSTIN, TX 787671503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS ALLIANCE FOUNDATION PO BOX 1503 AUSTIN, TX 787671503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CAPITAL INVESTING IN DEVELOPMENT AN PO BOX 1784 AUSTIN, TX 787671784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CAPITAL INVESTING IN DEVELOPMENT AN PO BOX 1784 AUSTIN, TX 787671784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TEXAS 4-H200 N BROWN RD CANYON, TX 790157300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST TEXAS A & M UNIVERSITY FOUNDAT WTAMU BOX 60766 CANYON, TX 790160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAYLAND BAPTIST UNIVERSITY 1900 W 7TH PLAINVIEW, TX 790726900	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
DOWNTOWN WOMENS CENTER 409 S MONROE ST AMARILLO, TX 791010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANOTHER CHANCE HOUSE 209 S JACKSON ST AMARILLO, TX 791011333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY SUPPORT SERVICES OF AMARILLO 1001 S POLK ST AMARILLO, TX 791013407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FAMILY SUPPORT SERVICES OF AMARILLO 1001 S POLK ST AMARILLO, TX 791013407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO AREA FOUNDATION INC 801 S FILLMORE AMARILLO, TX 791013537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
AMARILLO WESLEY COMMUNITY CENTER IN 1615 S ROBERTS ST AMARILLO, TX 791024330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC FAMILY SERVICE INC PO BOX 15127 AMARILLO, TX 791055127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES OF 1501 STREIT DR AMARILLO, TX 791061730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TURN CENTER1250 WALLACE BLVD AMARILLO, TX 791061741	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 50610 AMARILLO, TX 791590610	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CAL FARLEYS BOYS RANCH PO BOX 1890 AMARILLO, TX 791740001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CAL FARLEYS BOYS RANCH PO BOX 1890 AMARILLO, TX 791740001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRENSHIP FOUNDATION FOR LEADERSHIP PO BOX 100 WOLFFORTH, TX 793820100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LUBBOCK ISD1628 19TH ST LUBBOCK, TX 794014895	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	625
LUBBOCK SYMPHONY ORCHESTRA 601 AVENUE K LUBBOCK, TX 794011842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUBBOCK SWIM CLUB2004 14TH ST LUBBOCK, TX 794013703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,870
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,500
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 3413 10TH ST LUBBOCK, TX 794155348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3413 10TH ST LUBBOCK, TX 794155348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 3413 10TH ST LUBBOCK, TX 794155348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 3413 10TH ST LUBBOCK, TX 794155348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL SCHOOL OF LUBB 3222 103RD STREET LUBBOCK, TX 794235200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ALL SAINTS EPISCOPAL SCHOOL OF LUBB 3222 103RD STREET LUBBOCK, TX 794235200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	875
RESCUE THE ANIMALS INC 4620 N 1ST ST ABILENE, TX 796036539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABILITY RESOURCES INC PO BOX 1880 ABILENE, TX 796041880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
DISABILITY RESOURCES INC PO BOX 1880 ABILENE, TX 796041880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE WEST TEXAS REHABILITATION CENTE 4601 HARTFORD ST ABILENE, TX 796054603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILENE CHRISTIAN UNIVERSITY ACU BOX 29132 ABILENE, TX 796999132	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ABILENE CHRISTIAN UNIVERSITY ACU BOX 29132 ABILENE, TX 796999132	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
BIG BROTHERS BIG SISTERS OF THE PER 714 W LOUISIANA AVENUE MIDLAND, TX 797016169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE PER 714 W LOUISIANA AVENUE MIDLAND, TX 797016169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
HIGH SKY CHILDRENS RANCH 8613 W COUNTY ROAD 60 MIDLAND, TX 797071307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HIGH SKY CHILDRENS RANCH 8613 W COUNTY ROAD 60 MIDLAND, TX 797071307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT E LEE HIGH SCHOOL FOOTBALL B PO BOX 7014 MIDLAND, TX 797087014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CRISIS CENTER OF WEST TEXAS 910 S GRANT AVE STE B ODESSA, TX 797616663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OPERATION NOEL C/O 201 E MAIN STE 1603 EL PASO, TX 799010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 201 E MAIN SUITE 400 EL PASO, TX 799011383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 201 E MAIN SUITE 400 EL PASO, TX 799011383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ANNUNCIATION HOUSE INC 815 MYRTLE AVE EL PASO, TX 799011511	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS EXCEL EL PASO INC PO BOX 920144 EL PASO, TX 799020004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
KIDS EXCEL EL PASO INC PO BOX 920144 EL PASO, TX 799020004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EL PASO HOLOCAUST MUSEUM AND STUDY 715 N OREGON ST EL PASO, TX 799023911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE & BEULAH MOOR CHILDRENS HOME 1100 E CLIFF DR EL PASO, TX 799024625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
EL PASO CHILDRENS HOSPITAL FOUNDATI 1400 HARDAWAY ST STE 213 EL PASO, TX 799033128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FEMAP FOUNDATION 1400 HARDAWAY ST STE 210 EL PASO, TX 799033128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASO CHILDRENS HOSPITAL FOUNDATI 1400 HARDAWAY ST STE 213 EL PASO, TX 799033128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EL PASO CHILDRENS HOSPITAL FOUNDATI 1400 HARDAWAY ST STE 213 EL PASO, TX 799033128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EL PASO ALLIANCE INC 3501 HUECO AVE EL PASO, TX 799034312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASO ALLIANCE INC 3501 HUECO AVE EL PASO, TX 799034312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT VIDA3607 RIVERA AVE EL PASO, TX 799052415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
EL PASO CHILDRENS HOSPITAL CORPORAT 4845 ALAMEDA AVE EL PASO, TX 799052705	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ARRIBA ADVANCED RETRAINING 1155 WESTMORELAND DR STE 235 EL PASO, TX 799255623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,500
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIR EL PASO, TX 799272005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD FOR THOUGHT DENVER 5288 COORS ST ARVADA, CO 800021635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN CHILDRENS HEALTH FOU 5394 MARSHALL ST STE 400 ARVADA, CO 800023947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AURORA COMMUNITY CONNECTION 9801 E COLFAX AVE STE 200 AURORA, CO 800102155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,450
ARAPAHOE RESCUE PATROL INC 5852 S MALAYA CT CENTENNIAL, CO 800153305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAPAHOE RESCUE PATROL INC 5852 S MALAYA CT CENTENNIAL, CO 800153305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARAPAHOE RESCUE PATROL INC 5852 S MALAYA CT CENTENNIAL, CO 800153305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROSPECT RIDGE ACADEMY 2555 PREBLE CREEK PKWY BROOMFIELD, CO 800238096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT RIDGE ACADEMY 2555 PREBLE CREEK PKWY BROOMFIELD, CO 800238096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PROSPECT RIDGE ACADEMY 2555 PREBLE CREEK PKWY BROOMFIELD, CO 800238096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOULDER VALLEY HOCKEY FOUNDATION 1 SUPERIOR DRIVE SUPERIOR, CO 800271956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN MULTIPLE SCLEROSIS C 8845 WAGNER ST WESTMINSTER, CO 800313553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
ROCKY MOUNTAIN MULTIPLE SCLEROSIS C 8845 WAGNER ST WESTMINSTER, CO 800313553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL COLORADO 13123 E 16TH AVE AURORA, CO 800457106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS COUNTY LAND CONSERVANCY PO BOX 462 CASTLE ROCK, CO 801040462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
DOUGLAS COUNTY LAND CONSERVANCY PO BOX 462 CASTLE ROCK, CO 801040462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COLORADO AGRICULTURAL LEADERSHIP FO PO BOX 581 CASTLE ROCK, CO 801040581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	436
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS COUNTY LIBRARIES FOUNDATION 100 S WILCOX ST CASTLE ROCK, CO 801041911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EQUINE PARTNERSHIP PROGRAM 36700 MOSSBERG CT ELIZABETH, CO 801078473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTEGRATED FAMILY COMMUNITY SERVICE 3370 S IRVING ST ENGLEWOOD, CO 801101816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PSC PARTNERS SEEKING A CURE 6900 E BELLEVIEW AVE STE 202 GREENWOOD VILLAGE, CO 801111627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COLORADO ANIMAL RESCUE EXPRESS 5276 S HANOVER WAY ENGLEWOOD, CO 801116240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GAMMA PHI BETA FOUNDATION 12737 E EUCLID DR CENTENNIAL, CO 801116445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAMMA PHI BETA FOUNDATION 12737 E EUCLID DR CENTENNIAL, CO 801116445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LUPUS FOUNDATION OF COLORADO INC 7853 E ARAPAHOE COURT SUITE 3100 CENTENNIAL, CO 801121359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,618
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 801122301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 801122301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 801122301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NATIONAL STROKE ASSOCIATION 9707 E EASTER LN BLDG B CENTENNIAL, CO 801123754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL STROKE ASSOCIATION 9707 E EASTER LN BLDG B CENTENNIAL, CO 801123754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CONSERVATIVE BAPTIST FOREIGN MISSIO 20 INVERNESS PL E ENGLEWOOD, CO 801125622	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 801134916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 801132811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 801132811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LITTLETON PUBLIC SCHOOLS PARENT TEA 5776 S CROCKER ST LITTLETON, CO 801202012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	314
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACHELS CHALLENGE 7901 SOUTHPARK PLAZA SUITE 210 LITTLETON, CO 801204505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DESTA7852 S ELATI ST LITTLETON, CO 801208079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DESTA7852 S ELATI ST LITTLETON, CO 801208079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAP FOR KIDS2881 W LONG DR APT B LITTLETON, CO 801208172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CAP FOR KIDS2881 W LONG DR APT B LITTLETON, CO 801208172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FEROCIOUS FIGHTERS750 WALDEN CT HGHLNDS RANCH, CO 801263013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTIV8 SPORTS INC8949 MINERS DR HIGHLANDS RANCH, CO 801265036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LIFECHANGE INTERNATIONAL 6657 W OTTAWA AVE STE A11 LITTLETON, CO 801284500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,475
NORTH STAR ACADEMY FOUNDATION 16700 KEYSTONE BLVD PARKER, CO 801343544	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER LEAGUE OF COLORADO INC PO BOX 5373 ENGLEWOOD, CO 801555373	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HEALTH EDUCATION FOR AFRICA RESOURC PO BOX 631964 HIGHLANDS RANCH, CO 801631964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HEALTH EDUCATION FOR AFRICA RESOURC PO BOX 631964 HIGHLANDS RANCH, CO 801631964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH EDUCATION FOR AFRICA RESOURC PO BOX 631964 HIGHLANDS RANCH, CO 801631964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,350
HEALTH EDUCATION FOR AFRICA RESOURC PO BOX 631964 HIGHLANDS RANCH, CO 801631964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEALTH EDUCATION FOR AFRICA RESOURC PO BOX 631964 HIGHLANDS RANCH, CO 801631964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN 1445 MARKET ST STE 200 DENVER, CO 802021728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	41
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN 1445 MARKET ST STE 200 DENVER, CO 802021728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,350
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN 1445 MARKET ST STE 200 DENVER, CO 802021728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILD CHANGE535 16TH ST STE 605 DENVER, CO 802024246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL FOUNDATION OF DENTISTRY FO 1800 15TH ST STE 100 DENVER, CO 802027134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
MILE HIGH COMMUNITY LOAN FUND INC 1905 SHERMAN ST STE 210 DENVER, CO 802031162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO ENTERPRISE FUND INC 1888 SHERMAN ST SUITE 530 DENVER, CO 802031163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
INTERFAITH ALLIANCE OF COLORADO 1373 N GRANT ST DENVER, CO 802032307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
INTERFAITH ALLIANCE OF COLORADO 1373 N GRANT ST DENVER, CO 802032307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INVEST IN KIDS 1775 SHERMAN ST STE 2075 DENVER, CO 802034340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 455 NORTH SHERMAN ST STE 500 DENVER, CO 802034405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COLORADO SUCCEEDS 1390 LAWRENCE ST STE 200 DENVER, CO 802042081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER ART MUSEUM INC 100 W 14TH AVENUE PKWY DENVER, CO 802042713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
COLORADO WOMENS EMPLOYMENT AND EDUC 1175 OSAGE ST SUITE 300 DENVER, CO 802043444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR LEAGUE OF DENVER FOUNDATION 1140 DELAWARE ST DENVER, CO 802043680	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF METRO DENVE 2017 W 9TH AVE DENVER, CO 802043845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
VOLUNTEERS OF AMERICA INC 2660 LARIMER ST DENVER, CO 802052219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SACRED HEART HOUSE OF DENVER 2844 LAWRENCE STREET DENVER, CO 802052229	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DENVER, CO 802052529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DENVER, CO 802052529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DENVER, CO 802052529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDONTWASTE INC 3560 WALNUT ST UNIT B DENVER, CO 802052570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN PEAK DENVER 2100 STOUT STREET DENVER, CO 802052827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
HOPE COMMUNITIES INC 2543 CALIFORNIA ST DENVER, CO 802052929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN RINGERS INC 2135 TREMONT PL DENVER, CO 802053132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROCKY MOUNTAIN RINGERS INC 2135 TREMONT PL DENVER, CO 802053132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RAFT - COLORADO 3827 N STEELE ST STE C DENVER, CO 802053603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN HOME HEALTH AGENCY INC 2501 N GAYLORD ST DENVER, CO 802055631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DENVER ZOOLOGICAL FOUNDATION INC 2300 STEELE ST DENVER, CO 802055715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SO ALL MAY EAT INC 2023 E COLFAX AVE DENVER, CO 802061303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHISPA PROJECT3816 E 10TH AVE DENVER, CO 802063522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
DENVER BOTANIC GARDENS ENDOWMENT IN 909 YORK ST DENVER, CO 802063751	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WAPIYAPI 191 UNIVERSITY BLVD SUITE 294 DENVER, CO 802064613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF COLORADO INC 1901 E ASBURY AVE DENVER, CO 802103302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST ANNES EPISCOPAL SCHOOL INC 2701 S YORK ST DENVER, CO 802106032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF METRO DENVE 3245 ELIOT ST DENVER, CO 802113287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY OF METRO DENVE 3245 ELIOT ST DENVER, CO 802113287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
HABITAT FOR HUMANITY OF METRO DENVE 3245 ELIOT ST DENVER, CO 802113287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER ACTIVE 20-30 CHILDRENS FOUND 764 SOUTH PEARL ST DENVER, CO 802113359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
JEFFERSON FOUNDATION 809 QUAIL ST BLDG 1 LAKEWOOD, CO 802155509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEVELOPMENTAL DISABILITIES RESOURCE 11177 W 8TH AVE STE 300 LAKEWOOD, CO 802155520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GROWHAUS4751 YORK ST DENVER, CO 802162234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN STATE UNIVERSITY OF DE PO BOX 173362 CAMPUS BOX 14 DENVER, CO 802173362	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	15,000
SENIOR SUPPORT SERVICES 846 E 18TH AVE DENVER, CO 802181025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFEHOUSE DENVER INC 1649 DOWNING ST DENVER, CO 802181528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
COLORADO WATER TRUST INC 1420 OGDEN STREET SUITE A2 DENVER, CO 802181910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 802182269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,570
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 802182269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 802182269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 802182269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF DENVER 6850 FEDERAL BLVD DENVER, CO 802212628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GOODWILL INDUSTRIES OF DENVER 6850 FEDERAL BLVD DENVER, CO 802212628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DENVER ROTARY CLUB FOUNDATION 1385 S COLORADO BLVD A-304 DENVER, CO 802223304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSON ASSOCIATION OF THE ROCKIE 1325 S COLORADO BLVD STE 204-B DENVER, CO 802223311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
PARKINSON ASSOCIATION OF THE ROCKIE 1325 S COLORADO BLVD STE 204-B DENVER, CO 802223311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MORGAN ADAMS FOUNDATION 5303 E EVANS AVE STE 202 DENVER, CO 802225237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORGAN ADAMS FOUNDATION 5303 E EVANS AVE STE 202 DENVER, CO 802225237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DENVER ACADEMY INC 4400 E ILIFF AVE DENVER, CO 802226019	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
FLORENCE CRITTENTON SERVICES OF COL 96 S ZUNI ST DENVER, CO 802231208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEAR JACK FOUNDATION INC 1014 S JASON ST DENVER, CO 802232810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
DEAR JACK FOUNDATION INC 1014 S JASON ST DENVER, CO 802232810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	472
WESTERN CENTER FOR RUSSIAN JEWRY IN 362 S JASMINE ST DENVER, CO 802241234	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY CONNECTION COLORADO INC 801 YOSEMITE ST DENVER, CO 802306087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,155
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES FIRST INC 2163 S YOSEMITE ST DENVER, CO 802313322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JEWISH FAMILY SERVICE OF COLORADO I 3201 S TAMARAC DRIVE DENVER, CO 802314394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FEEDING MANY INC3719 S KIPLING CT LAKEWOOD, CO 802351113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 802392906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 802392906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 802392906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 802392906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COLORADO SEMINARY ATTN GIFT PROCESSING - PO BOX 910585 DENVER, CO 802910585	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COLORADO SEMINARY ATTN GIFT PROCESSING - PO BOX 910585 DENVER, CO 802910585	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE SOCIETY OF BOULDER VALLE 2323 55TH ST BOULDER, CO 803012806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	446
VIA MOBILITY SERVICES2855 63RD ST BOULDER, CO 803012959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
MOUNTAIN SHADOWS MONTESSORI SCHOOL 4154 63RD ST BOULDER, CO 803013137	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THERE WITH CARE 2825 WILDERNESS PL STE 100 BOULDER, CO 803015432	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMENS WILDERNESS INSTITUTE 2845 WILDERNESS PL BOULDER, CO 803016314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOULDER COMMUNITY HEALTH FOUNDATION PO BOX 9019 BOULDER, CO 803019019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTENTION INC1443 SPRUCE STREET BOULDER, CO 803024814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ATTENTION INC1443 SPRUCE STREET BOULDER, CO 803024814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YWCA BOULDER COUNTY2222 14TH ST BOULDER, CO 803024842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IEMPATHIZE1200 PEARL ST STE 314 BOULDER, CO 803025215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HILLSIDE LEARNING CENTER 6717 S BOULDER ROAD BOULDER, CO 803034303	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BRIDGE HOUSE 5345 ARAPAHOE AVENUE UNIT 5 BOULDER, CO 803038150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACHOUT CRESTVIEW 1897 SUMAC AVE BOULDER, CO 803040815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUPPORTERS OF FAIRVIEW IB INC 1515 GREENBRIAR BLVD BOULDER, CO 803057043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL MOUNTAIN BICYCLING AS PO BOX 4954 BOULDER, CO 803064954	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND BASEBALL OF BOULDER INC PO BOX 20037 BOULDER, CO 803083037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REGENTS OF THE UNIVERSITY OF COLORA CAMPUS BOX 575 3100 MARINE ST 6TH F BOULDER, CO 803090575	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PERUVIAN HEARTS 24918 GENESEE TRAIL RD GOLDEN, CO 804019352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL SISTERS INTERNATIONAL INC 227 LAMB LN GOLDEN, CO 804019424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL SISTERS INTERNATIONAL INC 227 LAMB LN GOLDEN, CO 804019424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
CAPITAL SISTERS INTERNATIONAL INC 227 LAMB LN GOLDEN, CO 804019424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT HIGH SCHOOLP O BOX 7 FRISCO, CO 804430007	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
GENEVA GLEN CAMP INCORPORATED PO BOX 248 INDIAN HILLS, CO 804540248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE EMERALD CITY OPERA PO BOX 775576 STEAMBOAT SPR, CO 804775576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO FRIENDSHIP 1067 S HOVER ST STE E 116 LONGMONT, CO 805017903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NIWOT ELEMENTARY SCHOOL PARENT TEAC 8778 MORTON RD NIWOT, CO 805038669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
REENTRY INITIATIVE 10515 MOORING RD LONGMONT, CO 805047737	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF THE ROCKIES 2515 TUNNEL RD ESTES PARK, CO 805119500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HARMONY FOUNDATION INC 1600 FISH HATCHERY ROAD ESTES PARK, CO 805179227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLORADO STATE UNIVERSITY FOUNDATIO PO BOX 1870 FORT COLLINS, CO 805221870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO STATE UNIVERSITY FOUNDATIO PO BOX 1870 FORT COLLINS, CO 805221870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
COLORADO STATE UNIVERSITY FOUNDATIO PO BOX 1870 FORT COLLINS, CO 805221870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RESPITE CARE INC6203 S LEMAY AVE FORT COLLINS, CO 805259436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
RESPITE CARE INC6203 S LEMAY AVE FORT COLLINS, CO 805259436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUBICK FOUNDATION 2221 BALDWIN ST FORT COLLINS, CO 805287104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
PROJECT SELF-SUFFICIENCY OF LOVELAN 375 W 37TH ST STE 150 LOVELAND, CO 805388435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE RED FEATHER LAKES CO 71 FIREHOUSE LANE RED FEATHER LAKES, CO 805450000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	427
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
ROTARY CLUB OF BURLINGTON CHARITABL PO BOX 122 BURLINGTON, CO 808070122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAFA ENDOWMENT INC 3116 ACADEMY DR UNIT 200 USAF ACADEMY, CO 808404403	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
USAFA ENDOWMENT INC 3116 ACADEMY DR UNIT 200 USAF ACADEMY, CO 808404403	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
USAFA ENDOWMENT INC 3116 ACADEMY DR UNIT 200 USAF ACADEMY, CO 808404403	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAFA ENDOWMENT INC 3116 ACADEMY DR UNIT 200 USAF ACADEMY, CO 808404403	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
USAFA ENDOWMENT INC 3116 ACADEMY DR UNIT 200 USAF ACADEMY, CO 808404403	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,100
EXODUS ROAD INCPO BOX 1681 COLORADO SPGS, CO 809011681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXODUS ROAD INCPO BOX 1681 COLORADO SPGS, CO 809011681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF CENTRAL COLOR 228 N CASCADE AVE STE 139 COLORADO SPGS, CO 809031322	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
COLORADO COLLEGE TH 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 809033243	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO COLLEGE TH 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 809033243	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COLORADO COLLEGE TH 14 E CACHE LA POUDRE STREET COLORADO SPRINGS, CO 809033243	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
USA HOCKEY FOUNDATION 1775 BOB JOHNSON DR COLORADO SPGS, CO 809064026	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIR FORCE ACADEMY FOUNDATION INC 10 LAKE CIR COLORADO SPRINGS, CO 809064201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EL PASO COUNTY SEARCH AND RESCUE IN 3950 INTERPARK DR COLORADO SPGS, CO 809075066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED STATES TABLE TENNIS ASSOCIAT 4065 SINTON RD STE 120 COLORADO SPGS, CO 809075093	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 985 W FILLMORE ST COLORADO SPGS, CO 809075809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPGS, CO 809083464	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST MARY'S HIGH SCHOOL 2501 E YAMPA STREET COLORADO SPRINGS, CO 809093951	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOL 2501 E YAMPA STREET COLORADO SPRINGS, CO 809093951	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
RONALD MCDONALD HOUSE CHARITIES OF 311 N LOGAN AVE COLORADO SPGS, CO 809095608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WHEELS OF A DREAM3920 CORAL PT COLORADO SPGS, CO 809175857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEYENNE VILLAGE6275 LEHMAN DR COLORADO SPGS, CO 809181433	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,475
SAVE THE STORKS 10807 NEW ALLEGIANCE DRIVE SUITE 1 COLORADO SPRINGS, CO 809213796	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIAMS LIGHTHOUSE FOUNDATION 5818 CHARLOIS CT COLORADO SPGS, CO 809222226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA MINISTRIESPO BOX 62600 COLORADO SPGS, CO 809623200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	452
BETHESDA MINISTRIESPO BOX 62600 COLORADO SPGS, CO 809623200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BETHESDA MINISTRIESPO BOX 62600 COLORADO SPGS, CO 809623200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLF WOODSPO BOX 312 IGNACIO, CO 811370312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARADISE ANIMAL WELFARE SOCIETY PO BOX 531 CRESTED BUTTE, CO 812240531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 813013911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVATION LANDS FOUNDATION 835 E 2ND AVE DURANGO, CO 813015475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
GRAND VALLEY CATHOLIC OUTREACH INC 245 S 1ST ST GRAND JCT, CO 815012201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FIDELITY MORTGAGE - BAY EQUITY FOUN 700 BELFORD AVE STE 300 GRAND JCT, CO 815013171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELANEY DONATES2139 TEXAS AVE GRAND JCT, CO 815016671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
VISION HEALTH INTERNATIONAL PO BOX 597 GRAND JCT, CO 815020597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY CONCERTS OF THE GRAND VAL PO BOX 4615 GRAND JCT, CO 815024615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL HIGH SCHOOL 550 WARRIOR WAY GRAND JUNCTION, CO 815046098	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
APPLETON ELEMENTARY SCHOOL 2358 H ROAD GRAND JUNCTION, CO 815059677	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	446
CATS LEAGUE AND ASSISTANCE OF THE W 2214 SANFORD DR UNIT A5 GRAND JCT, CO 815059446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWEST2754 COMPASS DRIVE 377 GRAND JUNCTION, CO 815068758	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FRUITA MIDDLE SCHOOL239 N MAPLE FRUITA, CO 815212335	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
FRUITA MONTESSORI2025 L RD FRUITA, CO 815219053	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIORS SONS AND DAUGHTERS PO BOX 23003 GLADE PARK, CO 815230003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JAZZ AT ASPEN-SNOWMASS 110 E HALLAM ST STE 104 ASPEN, CO 816111461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ASPEN VALLEY SKI-SNOWBOARD CLUB INC 300 AVSC DR ASPEN, CO 816113521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION IN AFRICA INCPO BOX 3853 ASPEN, CO 816123853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ASPEN SCIENCE CENTERPO BOX 4669 ASPEN, CO 816124669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASPEN SCIENCE CENTERPO BOX 4669 ASPEN, CO 816124669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPEN SCIENCE CENTERPO BOX 4669 ASPEN, CO 816124669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY VAIL VALLEY IN PO BOX 4149 AVON, CO 816204149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BASALT EDUCATION FOUNDATION PO BOX 1278 BASALT, CO 816211278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVO COLORADO AT VAIL-BEAVER CREEK 2271 N FRONTAGE RD W STE C VAIL, CO 816573920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BRAVO COLORADO MUSIC FESTIVAL ENDOW 2271 N FRONTAGE RD W STE C VAIL, CO 816573920	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
SCOTTISH RITE FOUNDATION OF WYOMING 15 FAIRWAY DRIVE ROCK SPRINGS, WY 820014500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS AGRICULTURAL & DEVELOPMENT 1672 WYOMING AVE APT A LARAMIE, WY 820707130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE KINDNESS RANCH ANIMAL SANCTUARY 854 STATE HIGHWAY 270 HARTVILLE, WY 822159706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WATER FOR WILDLIFE FOUNDATION 545 MAIN STREET LANDER, WY 825203075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,666
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISION BEYOND BORDERS INC PO BOX 2635 CASPER, WY 826022635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HARMON KILLEBREW-DANNY THOMPSON MEM PO BOX 232 SUN VALLEY, ID 833530232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 834220247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH STAR CHARTER SCHOOL INC 839 N LINDER RD EAGLE, ID 836164427	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
NORTH STAR CHARTER SCHOOL INC 839 N LINDER RD EAGLE, ID 836164427	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
RICHARD SABALA FOUNDATION INC PO BOX 869 MCCALL, ID 836380869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE INCPO BOX 550 MARSING, ID 836390550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOPE HOUSE INCPO BOX 550 MARSING, ID 836390550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDSHIP CELEBRATION LUTHERAN CHU 765 E CHINDEN BLVD MERIDIAN, ID 836465243	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CELEBRATION LUTHERAN CHU 765 E CHINDEN BLVD MERIDIAN, ID 836465243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
IDAHO SCHOOL BOARDS ASSOCIATION INC 199 N CAPITOL BLVD STE 503 BOISE, ID 837025937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
IDAHO SCHOOL BOARDS ASSOCIATION INC 199 N CAPITOL BLVD STE 503 BOISE, ID 837025937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO COMMUNITY FOUNDATION INC 210 W STATE ST BOISE, ID 837026052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHARITABLE ASSISTANCE TO COMMUNITYS 503 S AMERICANA BLVD BOISE, ID 837027066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHARITABLE ASSISTANCE TO COMMUNITYS 503 S AMERICANA BLVD BOISE, ID 837027066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASSMUTH CENTER FOR HUMAN RIGHTS HO 777 S 8TH ST BOISE, ID 837027112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WASSMUTH CENTER FOR HUMAN RIGHTS HO 777 S 8TH ST BOISE, ID 837027112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
IDAHO FOODBANK WAREHOUSE 3562 SOUTH TK AVE BOISE, ID 837055278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDSIDE FOUNDATION INC PO BOX 8734 BOISE, ID 837072734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INTERFAITH SANCTUARY HOUSINGSERVICE PO BOX 9334 BOISE, ID 837073334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BISHOP KELLY FOUNDATION INC 7009 FRANKLIN RD BOISE, ID 837090922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO BOTANICAL GARDENS INC 2355 OLD PENITENTIARY RD BOISE, ID 837128252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
IDAHO BOTANICAL GARDENS INC 2355 OLD PENITENTIARY RD BOISE, ID 837128252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOISE STATE UNIVERSITY FOUNDATION I MEMBERSHIP/MATCHING GIFTS - 1910 UNIVERSITY DR BOISE, ID 837251916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH IDAHO COLLEGE FOUNDATION INC 1000 WEST GARDEN AVENUE COEUR DALENE, ID 838142161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHILDRENS VILLAGE INCORPORATED 1350 W HANLEY AVE COEUR D ALENE, ID 838158638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CARROUSEL PLAYERS OF THE COEUR D AL PO BOX 1119 COEUR DALENE, ID 838161119	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STING PREMIER SOCCER CLUB INC PO BOX 26 HAYDEN, ID 838350026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
POST FALLS FOOD BANK INC 415 E 3RD AVE POST FALLS, ID 838549570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TEENY TEARS 1301 E AUTUMN RIDGE CT LEHI, UT 840435444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMON SAYS FOUNDATION HOPE PROJECTS 717 W BIGLER LN MIDWAY, UT 840496410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PARK CITY SCHOOL DISTRICT PTO 1750 KEARNS BLVD-PSCD OFFICE PARK CITY, UT 840600000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY WIRELESS OF PARK CITY INC PO BOX 1372 PARK CITY, UT 840601372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT LAND CONSERVANCY PO BOX 1775 PARK CITY, UT 840601775	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUMMIT LAND CONSERVANCY PO BOX 1775 PARK CITY, UT 840601775	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PEACE HOUSE INCPO BOX 682141 PARK CITY, UT 840682141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 682704 PARK CITY, UT 840682704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LIFTING GENERATIONS INC 63 EAST 11400 SOUTH 126 SANDY, UT 840706705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JORDAN RIDGE SCHOOL2636 W 9800 S SOUTH JORDAN, UT 840953470	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BINGHAM HIGH2160 W 10400 S SOUTH JORDAN, UT 840958353	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CHOLANGIOCARCINOMA FOUNDATION 5526 W 13400 S 510 HERRIMAN, UT 840966919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
CONNECT SUMMIT COUNTY 7120 CANYON DR PARK CITY, UT 840985382	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALT LAKE ART CENTER 20 S WEST TEMPLE SALT LAKE CTY, UT 841011406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 841012715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 841012715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,949
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 841012715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 841012715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	252
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 841012715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATEMAN HORNE CENTER OF EXCELLENCE 24 S 1100 E STE 205 SALT LAKE CTY, UT 841021580	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CTY, UT 841021605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
PLANNED PARENTHOOD ASSOCIATION OF U 654 S 900 E SALT LAKE CTY, UT 841023478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH DAFT HOME737 S 1300 E SALT LAKE CTY, UT 841023713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
MADELEINE CHOIR SCHOOL 205 FIRST AVENUE SALT LAKE CITY, UT 841032343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CTY, UT 841041319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CTY, UT 841041319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
WESTMINSTER COLLEGE1840 S 1300 E SALT LAKE CITY, UT 841053617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
UTAH RIVERS COUNCIL 1055 E 2100 S STE 201 SLC, UT 841062389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	525
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTAH ZOOLOGICAL SOCIETY 2600 E SUNNYSIDE AVE SALT LAKE CTY, UT 841081454	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HEALTH INTEGRATION AND RESILIENCY C 1909 S TEXAS ST SALT LAKE CTY, UT 841083231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST STE 2200 SALT LAKE CTY, UT 841111470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF UTAH 201 PRESIDENTS CIR RM 411 SALT LAKE CTY, UT 841129022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
UTAH ANIMAL ADOPTION CENTER 1955 N REDWOOD RD SALT LAKE CTY, UT 841161230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,085
AMERICAN NATIONAL RED CROSS 6616 S 900 E SALT LAKE CTY, UT 841212492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 6616 S 900 E SALT LAKE CTY, UT 841212492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE, UT 841291177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CORPORATION OF THE PRESIDING BISHOP 50 E NORTH TEMPLE 17TH FL SALT LAKE CTY, UT 841500002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF THE PRESIDING BISHOP 50 E NORTH TEMPLE 17TH FL SALT LAKE CTY, UT 841500002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
CORPORATION OF THE PRESIDING BISHOP 50 E NORTH TEMPLE 17TH FL SALT LAKE CTY, UT 841500002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ABU EDUCATION FUNDPO BOX 521847 SALT LAKE CITY, UT 841521847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIUMPH ACADEMY INC 62 SOUTH 800 WEST BRIGHAM CITY, UT 843020000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UTAH STATE UNIVERSITY 1420 OLD MAIN HILL LOGAN, UT 843221420	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
UTAH STATE UNIVERSITY 1590 OLD MAIN HILL LOGAN, UT 843221590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGDEN SYMPHONY-BALLET ASSOCIATION 638 26TH ST OGDEN, UT 844012594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WEBER HUMAN SERVICES FOUNDATION 237 26TH ST OGDEN, UT 844013105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BRIGHAM YOUNG UNIVERSITY A-153 ASB PROVO, UT 846021014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	790
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE WELLE FOUNDATION INC 1677 EAST 750 SOUTH SPRINGVILLE, UT 846633926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LIVE WELLE FOUNDATION INC 1677 EAST 750 SOUTH SPRINGVILLE, UT 846633926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GRAND STAIRCASE ESCALANTE PARTNERS 310 S 100 E STE 7 KANAB, UT 847413632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING CENTER FOR FAMILIES 2044 MESA PALMS DR ST GEORGE, UT 847705546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
MAGGIES PLACE INCPO BOX 1102 PHOENIX, AZ 850011102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ANDRE HOUSE OF ARIZONA INC PO BOX 2014 PHOENIX, AZ 850012014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,800
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22,000
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CAMP COLLEY FOUNDATION 216 WEST PORTLAND STREET PHOENIX, AZ 850031409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PHOENIX POLICE RESERVE FOUNDATION 620 W WASHINGTON ST ROOM NO 414 PHOENIX, AZ 850032108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR LEAGUE OF PHOENIX INC 2505 N CENTRAL AVE PHOENIX, AZ 850041334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	91
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMANDA HOPE RAINBOW ANGELS 326 E CORONADO RD SUITE 103 PHOENIX, AZ 850041524	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA HOUSING COALITION 141 E PALM LN STE 105 PHOENIX, AZ 850041554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX, AZ 850041623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX ART MUSEUM 1625 N CENTRAL AVENUE PHOENIX, AZ 850041685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX SYMPHONY ASSOCIATION 1 N 1ST ST STE 200 PHOENIX, AZ 850042538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PHOENIX GOSPEL MISSION PO BOX 6708 PHOENIX, AZ 850056708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW PATHWAYS FOR YOUTH INC 1001 E PIERCE ST PHOENIX, AZ 850063342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SOUTHWEST AUTISM RESEARCH AND RESOU 300 N 18TH ST PHOENIX, AZ 850064103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTHWEST AUTISM RESEARCH AND RESOU 300 N 18TH ST PHOENIX, AZ 850064103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH THE WORKER 1125 W JACKSON PHOENIX, AZ 850073114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ARIZONA CENTER FOR THE BLIND AND VI 3100 E ROOSEVELT ST PHOENIX, AZ 850085036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 850085409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,865
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX, AZ 850110148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILTMORE LIONS CLUBPO BOX 16043 PHOENIX, AZ 850116043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVENUE PHOENIX, AZ 850121723	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARROW NEUROLOGICAL FOUNDATION 350 W THOMAS RD PHOENIX, AZ 850134409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RYAN HOUSE 110 W MERRELL STREET 1ST FL PHOENIX, AZ 850134500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RYAN HOUSE 110 W MERRELL STREET 1ST FL PHOENIX, AZ 850134500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	287
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACT ONE910 E OSBORN RD STE C PHOENIX, AZ 850145325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CASA ACADEMY1500 W MARYLAND AVE PHOENIX, AZ 850151401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
ESPERANCA INC1911 W EARLL DR PHOENIX, AZ 850156041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF VISITORS 6245 N 24TH PKWY STE 110 PHOENIX, AZ 850162029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MARICOPA HEALTH FOUNDATION 2910 E CAMELBACK ROAD PHOENIX, AZ 850164405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH ST STE 400 PHOENIX, AZ 850164862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRAND CANYON UNIVERSITY FOUNDATION 3300 W CAMELBACK RD BLDG 3 PHOENIX, AZ 850171097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID BEYOND BORDERS INC 2739 W LAMAR RD PHOENIX, AZ 850171261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHRIST CHURCH LUTHERAN 3901 E INDIAN SCHOOL RD PHOENIX, AZ 850180000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
VERITAS PREPARATORY ACADEMY 3102 N 56TH ST SUITE 300 PHOENIX, AZ 850186606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHELP INC 4350 E CAMELBACK RD F250 PHOENIX, AZ 850188700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ELEVATE PHOENIX 3750 W INDIAN SCHOOL RD PHOENIX, AZ 850193518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
KAIZEN EDUCATIONAL FOUNDATION 7878 N 16TH ST STE 150 PHOENIX, AZ 850204470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING MATTERS INC 7227 N 16TH ST STE 110 PHOENIX, AZ 850205256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
ST JUDE INDIA CHILDCARE CENTRES USA 540 W STATE AVE PHOENIX, AZ 850218755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VALPARAISO UNITED FUTBOL CLUB INC 20235 N CAVE CREEK RD 104-200 PHOENIX, AZ 850244455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REID TRADITIONAL SCHOOLS' VALLEY AC 1520 WEST ROSE GARDEN LANE PHOENIX, AZ 850273529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CIVIL WAR COUNCIL INC 3748 W MERCER LN PHOENIX, AZ 850294025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANIMALS BENEFIT CLUB OF ARIZONA INC 3111 E SAINT JOHN RD PHOENIX, AZ 850321952	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,116
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5025 E WASHINGTON ST 102 PHOENIX, AZ 850342005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5025 E WASHINGTON ST 102 PHOENIX, AZ 850342005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARCHWAY CLASSICAL ACADEMY NORTH PHO 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 850342025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TANNER COMMUNITY DEVELOPMENT CORPOR 700 E JEFFERSON ST STE 200 PHOENIX, AZ 850342202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DRESS FOR SUCCESS PHOENIX 1024 E BUCKEYE RD SUITE 165 PHOENIX, AZ 850344020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AHWATUKEE LACROSSE 15435 S 45TH ST PHOENIX, AZ 850444932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AHWATUKEE LACROSSE 15435 S 45TH ST PHOENIX, AZ 850444932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AHWATUKEE DEVILS 366 E BRIARWOOD TERRACE PHOENIX, AZ 850485926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS EDUCATIONAL FOUNDATION 4515 E MUIRWOOD DR PHOENIX, AZ 850487683	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FOOTHILLS EDUCATIONAL FOUNDATION 4515 E MUIRWOOD DR PHOENIX, AZ 850487683	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
KEYSTONE MONTESSORI CHARTER SCHOOL 1025 E LIBERTY LN PHOENIX, AZ 850488462	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEYSTONE MONTESSORI CHARTER SCHOOL 1025 E LIBERTY LN PHOENIX, AZ 850488462	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
FIRESIDE ELEMENTARY SCHOOL PARENT T 3725 E LONE CACTUS DR PHOENIX, AZ 850508360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HELP IN HEALING HOME FOUNDATION INC 5811 E MAYO BLVD PHOENIX, AZ 850544503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE NEW LIFE SOCIETY INC PO BOX 36122 PHOENIX, AZ 850676122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPERIAL COURT OF ARIZONAINCORPORAT PO BOX 36834 PHOENIX, AZ 850676834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,504
IMPERIAL COURT OF ARIZONAINCORPORAT PO BOX 36834 PHOENIX, AZ 850676834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
NATIONAL ADVOCACY & TRAINING NETWOR PO BOX 51357 PHOENIX, AZ 850761357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SONORAN FOOTHILLS SOCCER LEAGUE INC 2209 W RED RANGE WAY PHOENIX, AZ 850855096	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
MARICOPA FOOTBALL BOOSTERS 45225 W MIRAFLORES ST MARICOPA, AZ 851398958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAPPY TAILS DACHSHUND RESCUE INC P O BOX 116 QUEEN CREEK, AZ 851427187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVER AGAIN FOUNDATION LEGAL SERVIC 22211 S ELLSWORTH RD QUEEN CREEK, AZ 851429501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SEAHORSE RANCH RESCUE 1418 W VIRGIL DR QUEEN CREEK, AZ 851429548	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SEAHORSE RANCH RESCUE 1418 W VIRGIL DR QUEEN CREEK, AZ 851429548	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEAHORSE RANCH RESCUE 1418 W VIRGIL DR QUEEN CREEK, AZ 851429548	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BRIDGING AZ FURNITURE BANK 25 N EXTENSION MESA, AZ 852017103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BRIDGING AZ FURNITURE BANK 25 N EXTENSION MESA, AZ 852017103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NEW LEAF INC868 E UNIVERSITY DR MESA, AZ 852038033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
A NEW LEAF INC868 E UNIVERSITY DR MESA, AZ 852038033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN YOUTH SYMPHONY INC PO BOX 4 MESA, AZ 852110004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF REFUGE INC 6935 E WILLIAMS FIELD RD MESA, AZ 852126300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSE OF REFUGE INC 6935 E WILLIAMS FIELD RD MESA, AZ 852126300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MOUNTAIN VIEW HIGH SCHOOL BANDBOOST 2700 E BROWN RD MESA, AZ 852135315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW HIGH SCHOOL BANDBOOST 2700 E BROWN RD MESA, AZ 852135315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COMMEMORATIVE AIR FORCE 2017 N GREENFIELD RD MESA, AZ 852152401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RED MOUNTAIN RANCH ELEMENTARY SCHOO 6650 E RAFTRIVER ST MESA, AZ 852159771	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANDLER UNIFIED DISTRICT #80 1525 W FRYE RD CHANDLER, AZ 852246178	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
BALLET FOLKLORICO QUETZALLI-AZ 3016 N DOBSON RD STE 16 CHANDLER, AZ 852241242	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SUSTENANCE RESEARCH INSTITUTE 1216 W STRAFORD DR CHANDLER, AZ 852241371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE SMALL STEP 1100 N ALMA SCHOOL RD STE 9 CHANDLER, AZ 852243169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ONE SMALL STEP 1100 N ALMA SCHOOL RD STE 9 CHANDLER, AZ 852243169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHANDLER SCHOOL BOOSTERS INC 1525 W FRYE RD CHANDLER, AZ 852246178	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANDLER SCHOOL BOOSTERS INC 1525 W FRYE RD CHANDLER, AZ 852246178	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,450
I C A N IMPROVING CHANDLERS AREA NE 650 E MORELOS STREET CHANDLER, AZ 852255531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22,500
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,177
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,721
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS CROSSING 1368 N ARIZONA AVE STE 112 CHANDLER, AZ 852256688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 852263462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 852263462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPOSE LEADERSHIP ADVENTURE FOR YO 127 S PRESIDIO DR GILBERT, AZ 852334767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PURPOSE LEADERSHIP ADVENTURE FOR YO 127 S PRESIDIO DR GILBERT, AZ 852334767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOOST A FOSTER FAMILY INC 1402 E CATAMARAN DR GILBERT, AZ 852342663	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN ARMS CARE CENTER 522 N GILBERT RD STE 103 GILBERT, AZ 852344500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OPEN ARMS CARE CENTER 522 N GILBERT RD STE 103 GILBERT, AZ 852344500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARIZONA CHRISTIAN SCHOOL TUITION OR PO BOX 6580 CHANDLER, AZ 852466580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,089
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPE CHINESE SCHOOLPO BOX 8108 CHANDLER, AZ 852468108	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
VOICES FOR CASA CHILDREN INC 4300 N MILLER RD STE 116 SCOTTSDALE, AZ 852513638	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SCOTTSDALE MUSEUM OF THE WEST INC 3830 N MARSHALL WAY SCOTTSDALE, AZ 852515594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMELOT THERAPEUTIC HORSEMANSHIP IN 23623 N SCOTTSDALE RD D3-259 SCOTTSDALE, AZ 852553471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HIGHLANDS COMMUNITY CHURCH OF SCOTT 9050 E PINNACLE PEAK RD SCOTTSDALE, AZ 852553611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	460
TROON COUNTRY CLUB SCHOLARSHIPFOUND 25000 N WINDY WALK DR SCOTTSDALE, AZ 852558100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE-GREATER PHOENIX 7221 E BELLEVIEW ST SCOTTSDALE, AZ 852573443	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
FAMILY PROMISE-GREATER PHOENIX 7221 E BELLEVIEW ST SCOTTSDALE, AZ 852573443	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
FAMILY PROMISE-GREATER PHOENIX 7221 E BELLEVIEW ST SCOTTSDALE, AZ 852573443	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	824
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERNED CITIZENS FOR COMMUNITY HE 7700 E ROOSEVELT ST SCOTTSDALE, AZ 852574441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONCERNED CITIZENS FOR COMMUNITY HE 7700 E ROOSEVELT ST SCOTTSDALE, AZ 852574441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BASIS CHARTER SCHOOLS INC 7975 N HAYDEN RD STE B100 SCOTTSDALE, AZ 852583246	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASIS CHARTER SCHOOLS INC 7975 N HAYDEN RD STE B100 SCOTTSDALE, AZ 852583246	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SCOTTSDALE IN 10533 E LAKEVIEW DR SCOTTSDALE, AZ 852584965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
ARIZONA TUITION CONNECTION INC 11445 E VIA LINDA STE 2-145 SCOTTSDALE, AZ 852592822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA TUITION CONNECTION INC 11445 E VIA LINDA STE 2-145 SCOTTSDALE, AZ 852592822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,231
ARIZONA TUITION CONNECTION INC 11445 E VIA LINDA STE 2-145 SCOTTSDALE, AZ 852592822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
ACTIVSTARS OUTREACH 16451 N 90TH STREET SCOTTSDALE, AZ 852601555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCAD RESEARCH INC 10115 E BELL RD STE 107-127 SCOTTSDALE, AZ 852602189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CROWNS OF COURAGE7418 E KALIL DR SCOTTSDALE, AZ 852605423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CHEYENNE PTO INC13636 N 100TH ST SCOTTSDALE, AZ 852609050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEYENNE PTO INC13636 N 100TH ST SCOTTSDALE, AZ 852609050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHEYENNE PTO INC13636 N 100TH ST SCOTTSDALE, AZ 852609050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAGUARO SABERCAT FOOTBALL FOUNDATIO PO BOX 4671 SCOTTSDALE, AZ 852614671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGUARO SABERCAT FOOTBALL FOUNDATIO PO BOX 4671 SCOTTSDALE, AZ 852614671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
ARCADIA SCOTTSDALE UNITED SOCCER CL PO BOX 5075 SCOTTSDALE, AZ 852615075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,585
ARCADIA SCOTTSDALE UNITED SOCCER CL PO BOX 5075 SCOTTSDALE, AZ 852615075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REIGNING GRACE RANCH 28150 N ALMA SCHOOL PKWY ROOM 103-4 SCOTTSDALE, AZ 852628048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAKWAY INCPO BOX 13031 SCOTTSDALE, AZ 852673031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CASA FRANCISCANA OUTREACH PO BOX 15576 SCOTTSDALE, AZ 852675576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,672
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,025
NEWTOWN COMMUNITY DEVELOPMENT CORPO 511 W UNIVERSITY DRIVE 4 TEMPE, AZ 852815585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,891
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
FOUNDATION FOR JUNIOR ACHIEVEMENT O 636 W SOUTHERN AVE TEMPE, AZ 852824508	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	108
SURRENDERED SOULS RESCUE INC 3507 S SIESTA LN TEMPE, AZ 852825951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURRENDERED SOULS RESCUE INC 3507 S SIESTA LN TEMPE, AZ 852825951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MULLIGANS MANOR 1935 E DIAMOND DR TEMPE, AZ 852834207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FATHER MATTERS INCPO BOX 13575 TEMPE, AZ 852840060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KYRENE SCHOOLS COMMUNITY FOUNDATION 8700 S KYRENE RD TEMPE, AZ 852842108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TEMPE SCHOOL DISTRICT P O BOX 27708 TEMPE, AZ 852857708	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	350
ASIAN CORPORATE AND ENTREPRENEUR LE P O BOX 25527 TEMPE, AZ 852855527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN CORPORATE AND ENTREPRENEUR LE P O BOX 25527 TEMPE, AZ 852855527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE, AZ 852875812	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE, AZ 852875812	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE, AZ 852875812	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE, AZ 852875812	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
GILBERT UNIFIED DISTRICT 140 S GILBERT RD GILBERT, AZ 852961014	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILBERT UNIFIED DISTRICT 140 S GILBERT RD GILBERT, AZ 852961014	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
NATURAL RESTORATIONS 67 S HIGLEY RD STE 103 118 GILBERT, AZ 852961167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
QUARTZ HILL ELEMENTARY PTSO 3680 S QUARTZ ST GILBERT, AZ 852970000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASA NOW4059 E CLAXTON AVE GILBERT, AZ 852974906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VALLEY DOGS INCPO BOX 364 GILBERT, AZ 852990364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HIGHLAND BAND BOOSTERS PO BOX 2414 GILBERT, AZ 852992414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND BAND BOOSTERS PO BOX 2414 GILBERT, AZ 852992414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HIGHLAND BAND BOOSTERS PO BOX 2414 GILBERT, AZ 852992414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
APOLLO HIGH SCHOOL 8045 N 47TH AVENUE GLENDALE, AZ 853026499	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUN VALLEY ANIMAL SHELTER INC 7150 N 110TH AVE GLENDALE, AZ 853072800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
DEER VALLEY HIGH SCHOOL 18424 N 51ST AVE GLENDALE, AZ 853081443	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
ARIZONA GOLDEN RESCUE 5350 W BELL RD STE C122-158 GLENDALE, AZ 853083906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA GOLDEN RESCUE 5350 W BELL RD STE C122-158 GLENDALE, AZ 853083906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MOUNTAIN RIDGE HIGH SCHOOL 22800 N 67TH AVENUE GLENDALE, AZ 853104235	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	935
STEALING HEARTS 4008 W CAMINO DEL RIO GLENDALE, AZ 853105527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 11120 GLENDALE, AZ 853181120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ASSYRIAN AMERICAN CULTURAL ORGANIZA PO BOX 11284 GLENDALE, AZ 853181284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
YORKIE LUV RESCUE INC 500 N ESTRELLA PKWY - B2 -SUITE 495 GOODYEAR, AZ 853384136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAVEEN YOUTH SPORTS 10728 S MORNINGSIDE DR GOODYEAR, AZ 853389528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLENNIUM HIGH SCHOOL BASEBALL BOO PO BOX 1700 LITCHFIELD PK, AZ 853401700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DIAMOND STAR RANCH INC 906 S 339TH AVE TONOPAH, AZ 853548027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND STAR RANCH INC 906 S 339TH AVE TONOPAH, AZ 853548027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
FOUNDATION OF YUMA REGIONAL MEDICAL 2400 AVENUE A YUMA, AZ 853647170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAS MIGHTY WARRIORS PO BOX 8114 SURPRISE, AZ 853740118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY VISTA BOOSTER CLUB 15550 N PARKVIEW PL SURPRISE, AZ 853747465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CANDEO SCHOOLS INC 9965 W CALLE LEJOS PEORIA, AZ 853831117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
CCV STARS SOCCER CLUB INC 7007 W HAPPY VALLEY RD PEORIA, AZ 853833223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCV STARS SOCCER CLUB INC 7007 W HAPPY VALLEY RD PEORIA, AZ 853833223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARIZONA FRATERNAL ORDER OF POLICE F 2510 E 11TH ST DOUGLAS, AZ 856072743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CASTAWAY KIDS INC 2651 S DESERT RIDGE DR GREEN VALLEY, AZ 856228422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTAWAY KIDS INC 2651 S DESERT RIDGE DR GREEN VALLEY, AZ 856228422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1574 SIERRA VISTA, AZ 856361574	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TOMBSTONE SMALL ANIMAL SHELTER INC PO BOX 1085 TOMBSTONE, AZ 856381085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAIL YOUTH SYMPHONYPO BOX 711 VAIL, AZ 856419732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VAIL YOUTH SYMPHONYPO BOX 711 VAIL, AZ 856419732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
VAIL YOUTH SYMPHONYPO BOX 711 VAIL, AZ 856419732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHERISHED TAILS SENIOR SANCTUARY 33817 E EAGLET RD MARANA, AZ 856588876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,449
CHERISHED TAILS SENIOR SANCTUARY 33817 E EAGLET RD MARANA, AZ 856588876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,091
CHERISHED TAILS SENIOR SANCTUARY 33817 E EAGLET RD MARANA, AZ 856588876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,339
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF TUCSON 160 E ALAMEDA ST TUCSON, AZ 857011202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BIG BROTHERS-BIG SISTERS OF TUCSON 160 E ALAMEDA ST TUCSON, AZ 857011202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
TUCSON CLIMBING PROJECT INC 330 S TOOLE AVE STE 400 TUCSON, AZ 857011837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE W CROSS MIDDLE SCHOOL 1000 W CHAPALA DR TUCSON, AZ 857044518	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LAWRENCE W CROSS MIDDLE SCHOOL 1000 W CHAPALA DR TUCSON, AZ 857044518	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MARY C SCHANZ FOUNDATION 301 W SPRING VALLEY PL TUCSON, AZ 857046755	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EL GRUPO YOUTH CYCLING 23 W 4TH ST TUCSON, AZ 857058361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
EL GRUPO YOUTH CYCLING 23 W 4TH ST TUCSON, AZ 857058361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,495
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL GRUPO YOUTH CYCLING 23 W 4TH ST TUCSON, AZ 857058361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,725
BNAI BRITH COVENANT HOUSE OF TUCSON 4414 E 2ND ST TUCSON ARIZONA 85711 TUCSON, AZ 857111194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON, AZ 857113506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA LAND AND WATER TRUST INC 2810 N ALVERNON WAY STE 600 TUCSON, AZ 857121535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TUCSON MEDICAL CENTER FOUNDATION 5301 E GRANT RD TUCSON, AZ 857122805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS CLINICS FOR REHABILITATIV 2600 N WYATT DR TUCSON, AZ 857126106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMBING ASSOCIATION OF SOUTHERN AR 3021 E WAVERLY ST TUCSON, AZ 857163110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TUCSON CENTER FOR WOMEN AND CHILDRE 2545 E ADAMS STREET TUCSON, AZ 857163426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TUCSON CENTER FOR WOMEN AND CHILDRE 2545 E ADAMS STREET TUCSON, AZ 857163426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REID PARK ZOOLOGICAL SOCIETY 1030 S RANDOLPH WAY TUCSON, AZ 857165835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LAMB'S GATE CHRISTIAN SCHOOL 4700 N SWAN ROAD TUCSON, AZ 857186717	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
TUCSON JEWISH COMMUNITY CENTER INC 3800 E RIVER RD TUCSON, AZ 857186635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALPOINTE CATHOLIC EDUCATION FOUNDA 1545 E COPPER ST TUCSON, AZ 857193115	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	6,360
SALPOINTE CATHOLIC EDUCATION FOUNDA 1545 E COPPER ST TUCSON, AZ 857193115	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 857210109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,477
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 857210109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARIZONAS CATHOLIC TUITION SUPPORT O BANK PROCESSING CTR - PO BOX 14467 TUCSON, AZ 857324467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTERFAITH COMMUNITY SERVICES 2820 W INA RD TUCSON, AZ 857412502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SONORA DESERT MUSEUM 2021 N KINNEY RD TUCSON, AZ 857439719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NORTHERN JAGUAR PROJECT INC 2114 W GRANT ROAD NO 121 TUCSON, AZ 857451141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	800
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	810
YWCA OF SOUTHERN ARIZONA 525 N BONITA AVENUE TUCSON, AZ 857453057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
REDSKINS YOUTH FOOTBALL AND SPIRIT 1645 W VALENCIA RD NO 246 TUCSON, AZ 857466040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMOSA MONTESSORI CHARTER SCHOOL 12051 E FORT LOWELL TUCSON, AZ 857499702	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,700
HERMOSA MONTESSORI CHARTER SCHOOL 12051 E FORT LOWELL TUCSON, AZ 857499702	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
HERMOSA MONTESSORI CHARTER SCHOOL 12051 E FORT LOWELL RD TUCSON, AZ 857499702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHLAND HOSPICE AND PALLIATIVE CA 452 N SWITZER CANYON DR STE A FLAGSTAFF, AZ 860014855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TUBA CITY HUMANE SOCIETY INCORPORAT PO BOX 1016 TUBA CITY, AZ 860451016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1230 WILLOW CREEK RD PRESCOTT, AZ 863011428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESCOTT AREA SHELTER SERVICES INC 336 N RUSH ST PRESCOTT, AZ 863012632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WALKER FIRE PROTECTION ASSOCIATION PO BOX 10174 PRESCOTT, AZ 863040174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ABIDE MATERNITY HOMEPO BOX 3758 CAMP VERDE, AZ 863223758	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABIDE MATERNITY HOMEPO BOX 3758 CAMP VERDE, AZ 863223758	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
ORME PRIMAVERA SCHOOLS FOUNDATION HC 63 BOX 3040 MAYER, AZ 863339700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,068
BWINDI COMMUNITY PROGRAM 20 SOLDIERS TRL SEDONA, AZ 863364753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEDONA COMMUNITY FOOD BANK PO BOX 3962 SEDONA, AZ 863403962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SOUTHWEST DISTRICT KIWANIS FOUNDATI PO BOX 572 LAKE HAVASU CITY, AZ 864050572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JEMEZ VALLEY ANIMAL AMIGOS PO BOX 333 JEMEZ SPRINGS, NM 870250333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS ECONOMIC SELF-SUFFICIENCY TE 609 BROADWAY BLVD NE ALBUQUERQUE, NM 871020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WOMENS ECONOMIC SELF-SUFFICIENCY TE 609 BROADWAY BLVD NE ALBUQUERQUE, NM 871020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS ECONOMIC SELF-SUFFICIENCY TE 609 BROADWAY BLVD NE ALBUQUERQUE, NM 871020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE SUITE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE SUITE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE SUITE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE SUITE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE SUITE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CROSSROADS FOR WOMEN 805 TIJERAS AVE NW ALBUQUERQUE, NM 871023099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO BIOPARK SOCIETY INC 903 10TH ST SW ALBUQUERQUE, NM 871024029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL HISPANIC CULTURAL CENTER F 1701 4TH ST SW ALBUQUERQUE, NM 871024518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEW MEXICO COMMUNITY DEVELOPMENT LO PO BOX 705 ALBUQUERQUE, NM 871030705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANZANO DAY SCHOOL 1801 CENTRAL AVE NW ALBUQUERQUE, NM 871041143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	251
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
RONALD MCDONALD HOUSE CHARITIES OF 1011 YALE BLVD NE ALBUQUERQUE, NM 871063825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,750
CENTRAL NEW MEXICO COMMUNITY COLLEG 525 BUENA VISTA DR SE ALBUQUERQUE, NM 871064023	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL INSTITUTE OF FLAMENCO 1620 CENTRAL AVE SE ALBUQUERQUE, NM 871064411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SARANAM LLC 201 UNIVERSITY BLVD NE ALBUQUERQUE, NM 871064562	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ANIMAL HUMANE ASSOCIATION OF NEW ME 615 VIRGINIA ST SE ALBUQUERQUE, NM 871084228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE ACADEMY HCSR 6400 WYOMING BLVD NE ALBUQUERQUE, NM 871093843	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
INTERNATIONAL ORDER OF THE RAINBOW 3801 OSUNA ROAD NE ALBUQUERQUE, NM 871094430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIGHTS CLUB INCORPORATED 8520 MARBLE AVE NE ALBUQUERQUE, NM 871107943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOSQUE SCHOOL 4000 BOSQUE SCHOOL RD NW ALBUQUERQUE, NM 871202546	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ALBUQUERQUE CHRISTIAN CHILDRENS HOM 5700 WINTER HAVEN DR NW ALBUQUERQUE, NM 871202643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABQSTAGES 13170 CENTRAL AVE SE SUITE B104 ALBUQUERQUE, NM 871235549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DR CHARLES L RASMUSSEN BRIDGE FUND PO BOX 25104 ALBUQUERQUE, NM 871250104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DR CHARLES L RASMUSSEN BRIDGE FUND PO BOX 25104 ALBUQUERQUE, NM 871250104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE COMMUNITY FOUNDATION PO BOX 25266 ALBUQUERQUE, NM 871255266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW MEXICO MUSEUM OF NATURAL HISTOR P O BOX 25446 ALBUQUERQUE, NM 871255446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 871256666	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTINS HOSPITALITY CENTER PO BOX 27258 ALBUQUERQUE, NM 871257258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
SOCIETY FOR PRESERVATION & ENCRGMNT 5650 JACKSON LOOP NE RIO RANCHO, NM 871441508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SECOND CHANCE ANIMAL RESCUE INC PO BOX 15194 RIO RANCHO, NM 871740194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE SANE COLLABORATIVE PO BOX 37139 ALBUQUERQUE, NM 871767139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL PROTECTION OF NEW MEXICO INC PO BOX 11395 ALBUQUERQUE, NM 871920395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SOUTHWEST INDIAN FOUNDATION 100 W COAL AVE GALLUP, NM 873020001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	539
CAPACITY BUILDERS INC 418 W BROADWAY STE C FARMINGTON, NM 874016116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDENTITY INC204 W MAIN ST FARMINGTON, NM 874016245	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SANTA FE BOTANICAL GARDEN PO BOX 23343 SANTA FE, NM 875023343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 875041827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANTA FE OPERAPO BOX 2408 SANTA FE, NM 875042408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE SANTA FE OPERAPO BOX 2408 SANTA FE, NM 875042408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SANTA FE GARDEN CLUB INC PO BOX 2693 SANTA FE, NM 875042693	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ELIZABETH SHELTER CORPORATION 804 ALARID ST SANTA FE, NM 875053040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
KITCHEN ANGELS INC1222 SILER ROAD SANTAFE, NM 875074106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
KITCHEN ANGELS INC1222 SILER ROAD SANTAFE, NM 875074106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PARKWAY ESPANOLA, NM 875320000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PARKWAY ESPANOLA, NM 875320000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEW MEXICO WILDLIFE CENTER INC PO BOX 246 ESPANOLA, NM 875320246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO HIGHLANDS UNIVERSITY FOU 905 UNIVERSITY AVE LAS VEGAS, NM 877010000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
PHILMONT STAFF ASSOCIATION INC 17 DEER RUN RD CIMARRON, NM 877149638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,072
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 877310248	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	342
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 877310248	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 877310248	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
NEW MEXICO STATE UNIVERSITY FOUNDAT NMSU FOUNDATION PO BOX 3590 LAS CRUCES, NM 880033590	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUTTI BAMBINI300 EL MOLINO BLVD LAS CRUCES, NM 880052975	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DYSLEXIA INSTITUTE OF SOUTHERN NEW PO BOX 13507 LAS CRUCES, NM 880133507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ROSWELL MUSEUM AND ART CENTER FOUND 400 N PENNSYLVANIA AVENUE SUITE 220 ROSWELL, NM 882014754	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAVES COUNTY CASA PROGRAM 500 N MAIN ST STE 310 ROSWELL, NM 882014765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 413 ROSWELL, NM 882020413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,120
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 413 ROSWELL, NM 882020413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSURANCE HOME FOUNDATION INC PO BOX 1836 ROSWELL, NM 882021836	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GUS WINTER ROSWELL ROTARY FOUNDATIO PO BOX 2930 ROSWELL, NM 882022930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROJECT 40 31 INC122 W TAYLOR ST HOBBS, NM 882406048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,499
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPENCER THEATER FOR THE PERFORMING 108 SPENCER DR ALTO, NM 883129559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ANGUS CHURCH OF THE NAZARENE 103 BONITA PARK RD CAPITAN, NM 883165060	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	181
COMPASSIONWORKS INTERNATIONAL 909 VIA DEL TRAMONTO ST HENDERSON, NV 890110867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSIONWORKS INTERNATIONAL 909 VIA DEL TRAMONTO ST HENDERSON, NV 890110867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PTA NEVADA CONGRESS 2040 DESERT SHADOW TRL HENDERSON, NV 890123272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,162
CONGREGATION NER TAMID 55 N VALLE VERDE DR HENDERSON, NV 890741757	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION NER TAMID 55 N VALLE VERDE DR HENDERSON, NV 890741757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
HENDERSON CHAMBER OF COMMERCE FOUND 400 N GREEN VALLEY PKWY 2 HENDERSON, NV 890747706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE CORPS OF RETIRED EXECUTIVES 300 S 4TH ST STE 400 LAS VEGAS, NV 891016202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WOMENS RESOURCE MEDICAL CENTERS OF 2915 W CHARLESTON BLVD STE 1 LAS VEGAS, NV 891021903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PLACE LAS VEGAS, NV 891061470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS RESCUE MISSION 480 W BONANZA RD LAS VEGAS, NV 891063227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUST ONE PROJECT5426 VEGAS DR LAS VEGAS, NV 891082403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUST ONE PROJECT5426 VEGAS DR LAS VEGAS, NV 891082403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST ONE PROJECT5426 VEGAS DR LAS VEGAS, NV 891082403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CHARLEY HOFFMAN FOUNDATION 7345 S DURANGO DR STE 107 PMB 172 LAS VEGAS, NV 891133608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEVADA H A N D INC 295 E WARM SPRINGS ROAD SUITE 101 LAS VEGAS, NV 891194212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEADOWS SCHOOL8601 SCHOLAR LN LAS VEGAS, NV 891287302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATE A CHANGE NOW 2251 N RAMPART BLVD STE 347 LAS VEGAS, NV 891287640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEVADA BALLET THEATRE 1651 INNER CIR LAS VEGAS, NV 891340609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FIRST NV2620 GOLFSIDE DRIVE LAS VEGAS, NV 891348808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN LAS VEGAS 3615 S TOWN CENTER DRIVE 100 LAS VEGAS, NV 891353033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RED ROCK SEARCH AND RESCUE 340 VILLA MONTEREY DR LAS VEGAS, NV 891370267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RED ROCK SEARCH AND RESCUE 340 VILLA MONTEREY DR LAS VEGAS, NV 891370267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKAWAY CYCLING INC 1016 EMERALD TINT CT LAS VEGAS, NV 891441662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BREAKAWAY CYCLING INC 1016 EMERALD TINT CT LAS VEGAS, NV 891441662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BREAKAWAY CYCLING INC 1016 EMERALD TINT CT LAS VEGAS, NV 891441662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKAWAY CYCLING INC 1016 EMERALD TINT CT LAS VEGAS, NV 891441662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR NEVADAS GRADUATES INC 4045 S BUFFALO DR STE A101 128 LAS VEGAS, NV 891477480	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CANDLELIGHTERS FOR CHILDHOOD CANCER 8990 SPANISH RIDGE AVE STE 100 LAS VEGAS, NV 891481324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,406
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891541006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY LAS VEGAS, NV 891549900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 MARYLAND PKWY BOX 451006 LAS VEGAS, NV 891549900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GPAA OF NORTHERN NEVADA RENO PO BOX 3373 SPARKS, NV 894323373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF MASON VALLEY I PO BOX 534 YERINGTON, NV 894470534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PET NETWORK HUMANE SOCIETY 401 VILLAGE BLVD INCLINE VLG, NV 894519005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAHOE PROSPERITY CENTER 948 INCLINE WAY INCLINE VILLAGE, NV 894519527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
LAKE TAHOE SCHOOL995 TAHOE BLVD INCLINE VILLAGE, NV 894519795	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NEVADA MUSEUM OF ART INC 160 W LIBERTY ST RENO, NV 895011916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENOWN HEALTH FOUNDATION 5050 MEADOWOOD MALL CIRCLE RENO, NV 895021576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF NORTHERN NEVA 1575 DELUCCHI LN STE 207A RENO, NV 895026563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	920
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 895034328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY COUNSELING CENTER INC 853 HASKELL ST RENO, NV 895091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREAT BASIN INSTITUTE 16750 MT ROSE HWY RENO, NV 895118774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHERN NEVADA LITERACY COUNCIL 1400 WEDEKIND RD RENO, NV 895122465	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUCKEE MEADOWS COMMUNITY COLLEGE F 7000 DANDINI BLVD RDMT 200 RENO, NV 895123901	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NEVADA-RENO FOUNDATIO MAILSTOP 162 RENO, NV 895570001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
CARSON CITY COMMUNITY COUNSELING CE 205 S PRATT AVE CARSON CITY, NV 897014730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI WESTERN NEVADAPO BOX 4633 CARSON CITY, NV 897024633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BREWERY ARTS CENTER449 W KING ST CARSON CITY, NV 897034205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVENUE LOS ANGELES, CA 900043504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
APLA HEALTH & WELLNESS 611 S KINGSLEY DR LOS ANGELES, CA 900052319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 900052354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL AMERICAN RESOURCE CENTER - 2845 W 7TH ST LOS ANGELES, CA 900053907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
YOUTH MENTORING CONNECTION 1818 S WESTERN AVE LOS ANGELES, CA 900065860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS BUREAU OF SOUTHERN CALIF 1910 MAGNOLIA AVE LOS ANGELES, CA 900071220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN TRACY CLINIC 806 WEST ADAMS BOULEVARD LOS ANGELES, CA 900072505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
JOHN TRACY CLINIC 806 WEST ADAMS BOULEVARD LOS ANGELES, CA 900072505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JOHN TRACY CLINIC 806 WEST ADAMS BOULEVARD LOS ANGELES, CA 900072505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES COUNTY MUSEUM OF NATURA 900 EXPOSITION BLVD LOS ANGELES, CA 900074057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SHALOM CENTER FOR T R E E OF LIFE T 2975 WILSHIRE BLVD STE 415 LOS ANGELES, CA 900101112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HARRIETT BUHAI CENTER FOR FAMILY LA 3250 WILSHIRE BLVD LOS ANGELES, CA 900101509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,569
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM ORCHESTRA INC 3435 WILSHIRE BLVD STE 1950 LOS ANGELES, CA 900101934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
DREAM ORCHESTRA INC 3435 WILSHIRE BLVD STE 1950 LOS ANGELES, CA 900101934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
YAD EZRA VSHULAMIT 3470 WILSHIRE BLVD LOS ANGELES, CA 900102207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAD EZRA VSHULAMIT 3470 WILSHIRE BLVD LOS ANGELES, CA 900102207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STEP UP WOMENS NETWORK 510 SOUTH HEWITT ST STE 111 LOS ANGELES, CA 900102349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FAITH AND COMMUNITY EMPOWERMENT 3550 WILSHIRE BOULEVARD SUITE 736 LOS ANGELES, CA 900102410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF LO 3926 WILSHIRE BLVD STE 200 LOS ANGELES, CA 900103303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
IKAR4311 WILSHIRE BLVD STE 618 LOS ANGELES, CA 900103717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
IKAR4311 WILSHIRE BLVD STE 618 LOS ANGELES, CA 900103717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTFEST3470 WILSHIRE BLVD STE 935 LOS ANGELES, CA 900103910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OUTFEST3470 WILSHIRE BLVD STE 935 LOS ANGELES, CA 900103910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE LOS ANGELES DODGERS FOUNDATION 1000 VIN SCULLY AVENUE LOS ANGELES, CA 900121112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL HIGH SCHOOL 1253 BISHOPS RD LOS ANGELES, CA 900121453	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER THEATRE GROUP OF LOS ANGELES 601 W TEMPLE ST LOS ANGELES, CA 900122621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER THEATRE GROUP OF LOS ANGELES 601 W TEMPLE ST LOS ANGELES, CA 900122621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,289
CENTER THEATRE GROUP OF LOS ANGELES 601 W TEMPLE ST LOS ANGELES, CA 900122621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
LA PLAZA DE CULTURA Y ARTES FOUNDAT 501 N MAIN ST LOS ANGELES, CA 900122828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLBURN SCHOOL 200 S GRAND AVE LOS ANGELES, CA 900123007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
MUSEUM OF CONTEMPORARY ART 250 S GRAND AVE LOS ANGELES, CA 900123007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PERFORMING ARTS CENTER OF LOS ANGEL 135 NORTH GRAND AVENUE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES OPERA COMPANY 135 N GRAND AVE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PERFORMING ARTS CENTER OF LOS ANGEL 135 NORTH GRAND AVENUE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
LOS ANGELES OPERA COMPANY 135 N GRAND AVE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MAYORS FUND FOR LOS ANGELES 200 N SPRING ST ROOM 305 LOS ANGELES, CA 900123239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COUNCIL FOR WATERSHED HEALTH 700 N ALAMEDA ST 5-545 LOS ANGELES, CA 900123352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LTSC COMMUNITY DEVELOPMENT CORPORAT 231 E THIRD ST STE G106 LOS ANGELES, CA 900131494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ASIAN PACIFIC ISLANDER SMALL BUSINE 231 E THIRD ST G106 LOS ANGELES, CA 900131494	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
IMMIGRANT DEFENDERS LAW CENTER 634 SOUTH SPRING STREET 10TH FLOOR LOS ANGELES, CA 900143912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG WOMENS CHRISTIAN ASSOCIATION 1020 S OLIVE ST 7TH FL LOS ANGELES, CA 900151602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN DOT PUBLIC SCHOOLS NATIONAL 1149 S HILL ST STE 600 LOS ANGELES, CA 900152895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOS ANGELES S P C A 5026 W JEFFERSON BLVD LOS ANGELES, CA 900163925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
LOS ANGELES S P C A 5026 W JEFFERSON BLVD LOS ANGELES, CA 900163925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ECONOMICS FOR WOMEN 303 S LOMA DR LOS ANGELES, CA 900171103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
NEW ECONOMICS FOR WOMEN 303 S LOMA DR LOS ANGELES, CA 900171103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE WORKFORCE INVESTMENT BOARD OF T 1200 W 7TH ST 6TH FLOOR LOS ANGELES, CA 900172349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WORKFORCE INVESTMENT BOARD OF T 1200 W 7TH ST 6TH FLOOR LOS ANGELES, CA 900172349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
PACIFIC ASIAN CONSORTIUM IN EMPLOYM 1055 WILSHIRE BLVD STE 1475 LOS ANGELES, CA 900172431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 900172742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF SOUTHERN CALIF 1313 8TH STREET LOS ANGELES, CA 900174420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
GIRL SCOUTS OF GREATER LOS ANGELES 801 S GRAND AVENUE STE 300 LOS ANGELES, CA 900174621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER LOS ANGELES 801 S GRAND AVENUE STE 300 LOS ANGELES, CA 900174621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER LOS ANGELES 801 S GRAND AVENUE STE 300 LOS ANGELES, CA 900174621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER LOS ANGELES 801 S GRAND AVENUE STE 300 LOS ANGELES, CA 900174621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER LOS ANGELES 801 S GRAND AVENUE STE 300 LOS ANGELES, CA 900174621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPERS OF ST JOHN OF GOD INC 2468 S ST ANDREWS PL LOS ANGELES, CA 900180000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE STE 200 LOS ANGELES, CA 900181353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE STE 200 LOS ANGELES, CA 900181353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD SHELTER OF LOS ANGELE 2561 VENICE BLVD LOS ANGELES, CA 900196233	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ANGEL CITY PIT BULLS 1834 S GRAMERCY PL LOS ANGELES, CA 900196321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
ANGEL CITY PIT BULLS 1834 S GRAMERCY PL LOS ANGELES, CA 900196321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL CITY PIT BULLS 1834 S GRAMERCY PL LOS ANGELES, CA 900196321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
KOREAN HEALTH EDUCATION INFORMATION 3727 W 6TH STREET SUITE 210 LOS ANGELES, CA 900205108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
KOREAN HEALTH EDUCATION INFORMATION 3727 W 6TH STREET SUITE 210 LOS ANGELES, CA 900205108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKID ROW HOUSING TRUST 1317 E 7TH STREET LOS ANGELES, CA 900211101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
ST PAUL THE APOSTLE SCHOOL 1536 SELBY AVENUE LOS ANGELES, CA 900245714	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ST PAUL THE APOSTLE SCHOOL 1536 SELBY AVENUE LOS ANGELES, CA 900245714	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF CALIFORNIA 741 GAYLEY AVE SUITE 1 LOS ANGELES, CA 900242410	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	118
GVNGORG 907 WESTWOOD BLVD SUITE 414 LOS ANGELES, CA 900242904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
NATIONAL CHILDRENS CHORUS 580 HILGARD AVE SUITE 29 LOS ANGELES, CA 900243234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILDRENS CHORUS 580 HILGARD AVE SUITE 29 LOS ANGELES, CA 900243234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE UCLA FOUNDATION 10920 WILSHIRE BLVD STE 900 LOS ANGELES, CA 900246506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
A WOMANS NATION 11601 WILSHIRE BLVD STE 1840 LOS ANGELES, CA 900251754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 11355 OHIO AVE LOS ANGELES, CA 900253266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 11355 OHIO AVE LOS ANGELES, CA 900253266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOLY FAMILY SERVICES ADOPTION & FOS 840 ECHO PARK AVE LOS ANGELES, CA 900264209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARCH TO INVOLVE PILIPINO AMERICAN 3200 W TEMPLE ST LOS ANGELES, CA 900264522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHILDRENS INSTITUTE OF LOS ANGELES 2121 W TEMPLE ST LOS ANGELES, CA 900264915	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF MICHELTORENA INC 654 1/2 PARKMAN AVE LOS ANGELES, CA 900266575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN FILM INSTITUTE INC 2021 NORTH WESTERN AVVENUE LOS ANGELES, CA 900271625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
OUR MOTHER OF GOOD COUNSEL SCHOOL 4622 AMBROSE AVE LOS ANGELES, CA 900271903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FRANKLIN AVENUE SCHOOL I 1910 N COMMONWEALTH AVE LOS ANGELES, CA 900272808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF FRANKLIN AVENUE SCHOOL I 1910 N COMMONWEALTH AVE LOS ANGELES, CA 900272808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST GARABED ARMENIAN APOSTOLIC CHURC 1615 N ALEXANDRIA AVE LOS ANGELES, CA 900275207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	675
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,079
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,267
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,646
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,773
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAIL STOP 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LA PROVIDENCIA GUILD OF CHILDRENS H 4650 SUNSET BLVDMS4 LOS ANGELES, CA 900276062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
LOS ANGELES COMMUNITY GARDEN COUNCI 4470 W SUNSET BLVD 381 LOS ANGELES, CA 900276302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,916
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,769
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,204
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,582
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
LOS ANGELES LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 900286213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,288
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING ADVANTAGE INC 7095 HOLLYWOOD BLVD STE 726 HOLLYWOOD, CA 900288912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THOMAS STARR KING MIDDLE SCHOOL FIL 4201 FOUNTAIN AVE LOS ANGELES, CA 900292223	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
ARMENIAN MEDIA NETWORK 1203 N VERMONT AVE LOS ANGELES, CA 900291703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAILLE INSTITUTE OF AMERICA INC 741 N VERMONT AVE LOS ANGELES, CA 900293514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
BRAILLE INSTITUTE OF AMERICA INC 741 N VERMONT AVE LOS ANGELES, CA 900293514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
SOCIETY OF SAINT VINCENT DE PAUL CO 210 N AVE 21 LOS ANGELES, CA 900311713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST LOS ANGELES REMARKABLE CITIZEN 3839 SELIG PL LOS ANGELES, CA 900313143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF CASTLE HEIGHTS 9755 CATTARAUGUS AVE LOS ANGELES, CA 900342352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVE TRAILS 2717 S ROBERTSON BLVD LOS ANGELES, CA 900342442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INSIDEOUT WRITERS INC 1171 S ROBERTSON BLVD LOS ANGELES, CA 900351403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TORAT HAYIM1210 S LA CIENEGA BLVD LOS ANGELES, CA 900352521	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,450
FRIENDS OF CANFIELD 9233 AIRDROME ST LOS ANGELES, CA 900353201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
FRIENDS OF CANFIELD 9233 AIRDROME ST LOS ANGELES, CA 900353201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMON WIESENTHAL CENTER 1399 S ROXBURY 2ND FL LOS ANGELES, CA 900354709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	541
SIMON WIESENTHAL CENTER 1399 S ROXBURY 2ND FL LOS ANGELES, CA 900354709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YESHIVA UNIVERSITY OF LOS ANGELES B 9760 W PICO BLVD LOS ANGELES, CA 900354720	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA UNIVERSITY OF LOS ANGELES B 9760 W PICO BLVD LOS ANGELES, CA 900354720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
YESHIVA UNIVERSITY OF LOS ANGELES B 9760 W PICO BLVD LOS ANGELES, CA 900354720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CONGREGATION AISH TAMID OF LOS ANGE 5909 W 3RD ST LOS ANGELES, CA 900362828	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETERSEN AUTOMOTIVE MUSEUM FOUNDATI 6060 WILSHIRE BLVD LOS ANGELES, CA 900363605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	654
PETERSEN AUTOMOTIVE MUSEUM FOUNDATI 6060 WILSHIRE BLVD LOS ANGELES, CA 900363605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	654
THIRST PROJECT 5478 WILSHIRE BLVD STE 400 LOS ANGELES, CA 900364247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIRST PROJECT 5478 WILSHIRE BLVD STE 400 LOS ANGELES, CA 900364247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THIRST PROJECT 5478 WILSHIRE BLVD STE 400 LOS ANGELES, CA 900364247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THIRST PROJECT 5478 WILSHIRE BLVD STE 400 LOS ANGELES, CA 900364247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLYWOOD SCHOOLHOUSE INC 1248 N HIGHLAND AVENUE HOLLYWOOD, CA 900381207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CHILDRENS RANCH FOUNDATION 4007 VERDANT ST LOS ANGELES, CA 900391318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
BIZFED INSTITUTE 6055 E WASHINGTON BLVD STE 260 COMMERCE, CA 900402488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR HOUSING AND HEALING 825 COLORADO BLVD STE 100 LOS ANGELES, CA 900411700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
EAGLE ROCK BAPTIST CHURCH 1499 COLORADO BLVD LOS ANGELES, CA 900412366	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
WEST ANGELES COMMUNITY DEVELOPMENT 6028 CRENSHAW BLVD LOS ANGELES, CA 900433904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAPHAEL ELEMENTARY SCHOOL 924 W 70TH STREET LOS ANGELES, CA 900445221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
VERMONT-SLAUSON LDC INC 1130 WEST SLAUSON AVE LOS ANGELES, CA 900443714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
WESTCHESTER LUTHERAN ELEMENTARY SCH 7831 S SEPULVEDA BLVD LOS ANGELES, CA 900452916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITATION SCHOOL 8740 EMERSON AVENUE LOS ANGELES, CA 900453723	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,000
OTIS COLLEGE OF ART AND DESIGN INSTITUTIONAL ADVANCEMENT 9045 LINCOLN BOULEVARD LOS ANGELES, CA 900453505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
WONDERLAND AVENUE ELEMENTARY 8510 WONDERLAND AVE LOS ANGELES, CA 900461451	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAST CHANCE FOR ANIMALS 8033 SUNSET BOULEVARD SUITE 835 LOS ANGELES, CA 900462427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF GARDNER 7450 HAWTHORN AVE LOS ANGELES, CA 900462802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIFE GROUP LA INC 1049 HAVENHURST DR 330 LOS ANGELES, CA 900466002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST HOLLYWOOD COMMUNITY HOUSING CO 7530 SANTA MONICA BLVD WEST HOLLYWOOD, CA 900466407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AL WOOTEN JR YOUTH AND ADULT CULTUR 9106 S WESTERN AVE LOS ANGELES, CA 900473518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AL WOOTEN JR YOUTH AND ADULT CULTUR 9106 S WESTERN AVE LOS ANGELES, CA 900473518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR THE STUDY OF YOUNG PEOPL CEDARS-SINAI PO BOX 48750 LOS ANGELES, CA 900480750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
CENTER FOR EARLY EDUCATION 563 N ALFRED ST W HOLLYWOOD, CA 900482512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
CENTER FOR EARLY EDUCATION 563 N ALFRED ST W HOLLYWOOD, CA 900482512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR EARLY EDUCATION 563 N ALFRED ST W HOLLYWOOD, CA 900482512	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BUREAU OF JEWISH EDUCATION OF GREAT 6505 WILSHIRE BOULEVARD SUITE 300 LOS ANGELES, CA 900484906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BL 800 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BL 800 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
JEWISH BIG BROTHERS BIG SISTERS ASS 6505 WILSHIRE BLVD LOS ANGELES, CA 900484918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
JEWISH VOCATIONAL SERVICE 6505 WILSHIRE BLVD STE 200 LOS ANGELES, CA 900484956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL DEFENDERS INTERNATIONAL US 6100 WILSHIRE BLVD STE 1150 LOS ANGELES, CA 900485111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARTWARD INITIATIVE 6230 WILSHIRE BLVD STE 1782 LOS ANGELES, CA 900485194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
TOUCH OF KINDNESSPO BOX 481270 LOS ANGELES, CA 900489761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	860
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHER SCHOOL FOR GIRLS 11725 W SUNSET BLVD LOS ANGELES, CA 900492918	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ARCHER SCHOOL FOR GIRLS 11725 W SUNSET BLVD LOS ANGELES, CA 900492918	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,400
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLS BRING HOPE 16563 PARK LANE CIR LOS ANGELES, CA 900491184	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	860
MOUNT SAINT MARYS UNIVERSITY 12001 CHALON RD LOS ANGELES, CA 900491526	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MOUNT SAINT MARYS UNIVERSITY 12001 CHALON RD LOS ANGELES, CA 900491526	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN THOMAS DYE SCHOOL 11414 CHALON RD LOS ANGELES, CA 900491723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
P R I D E BOOSTER CLUB INC PAUL REV 1450 ALLENFORD AVE LOS ANGELES, CA 900493614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,060
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 900496833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL THE APOSTLE SCHOOL FOUNDATI PO BOX 492515 LOS ANGELES, CA 900498515	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
ST PAUL THE APOSTLE SCHOOL FOUNDATI PO BOX 492515 LOS ANGELES, CA 900498515	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
EDUCATIONAL STUDENT TOURS INC 5014 SHENANDOAH AVE LOS ANGELES, CA 900561059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL STUDENT TOURS INC 5014 SHENANDOAH AVE LOS ANGELES, CA 900561059	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ST VINCENT SENIOR CITIZEN NUTRITION 2131 W 3RD ST LOS ANGELES, CA 900571901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ST VINCENT SENIOR CITIZEN NUTRITION 2131 W 3RD ST LOS ANGELES, CA 900571901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PREGNANCY SERVICES INC 2524 W 7TH ST LOS ANGELES, CA 900573802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LOS ANGELES PREGNANCY SERVICES INC 2524 W 7TH ST LOS ANGELES, CA 900573802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES PREGNANCY SERVICES INC 2524 W 7TH ST LOS ANGELES, CA 900573802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PREGNANCY SERVICES INC 2524 W 7TH ST LOS ANGELES, CA 900573802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
L A SOUTHEAST YOUTH ATHLETIC FOUNDA 751 EAST NUTWOOD ST APT 1 LOS ANGELES, CA 900611722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
NOTRE DAME ACADEMY GIRLS HIGH SCHOO 2851 OVERLAND AVENUE LOS ANGELES, CA 900644217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JAMES INNPO BOX 64494 LOS ANGELES, CA 900640494	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALLIANCE IN MENTORSHIP 2612 WESTWOOD BLVD LOS ANGELES, CA 900644230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TEEN CANCER AMERICA INC 11835 W OLYMPIC BLVD STE 265E LOS ANGELES, CA 900645009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTWOOD INVOLVEMENT SUPPORTS EDUCA PO BOX 642360 LOS ANGELES, CA 900647170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,975
WINDWARD SCHOOL 11350 PALMS BLVD LOS ANGELES, CA 900662104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1875 CENTURY PARK E STE 200 LOS ANGELES, CA 900672503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1875 CENTURY PARK E STE 200 LOS ANGELES, CA 900672503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
LABC INSTITUTE 2029 CENTURY PARK E STE 4380 LOS ANGELES, CA 900672917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK E STE 4393 LOS ANGELES, CA 900673029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF LOS ANGEL C/O CREATIVE ARTISTS AGENCY 2000 AVENUE OF THE STARS LOS ANGELES, CA 900674700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,475
COMMUNITIES IN SCHOOLS OF LOS ANGEL C/O CREATIVE ARTISTS AGENCY 2000 AVENUE OF THE STARS LOS ANGELES, CA 900674700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS OF LOS ANGEL C/O CREATIVE ARTISTS AGENCY 2000 AVENUE OF THE STARS LOS ANGELES, CA 900674700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DR LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
UNITED ARMENIAN CONGREGATIONAL CHUR 3480 CAHUENGA BLVD W LOS ANGELES, CA 900681330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD WEST HOLLYWOOD, CA 900694555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900711638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JONATHAN CLUB CHARITABLE FUND 545 S FIGUEROA ST LOS ANGELES, CA 900711704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHELTER PARTNERSHIP INC 520 S GRAND AVE STE 695 LOS ANGELES, CA 900712660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER PARTNERSHIP INC 520 S GRAND AVE STE 695 LOS ANGELES, CA 900712660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SHELTER PARTNERSHIP INC 520 S GRAND AVE STE 695 LOS ANGELES, CA 900712660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ECONOMIC DEVELOPMENT CORPORATION OF 444 S FLOWER ST FL 37 LOS ANGELES, CA 900712972	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT HIGH SCHOOL LOS ANGELES 10643 W SUNSET BLVD LOS ANGELES, CA 900773623	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MARYMOUNT HIGH SCHOOL 10643 SUNSET BLVD LOS ANGELES, CA 900773623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
M F PLACE INCPO BOX 3867 HOLLYWOOD, CA 900783867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 900890001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 900890001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 950 W JEFFERSON BLVD JEF 102 LOS ANGELES, CA 900891291	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
UNIVERSITY OF SOUTHERN CALIFORNIA TUTOR CAMPUS CENTER 410 3607 TROUSDALE PARKWAY LOS ANGELES, CA 900898003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE UCLA FOUNDATION 110 WESTWOOD PLAZA SUITE C305 LOS ANGELES, CA 900951481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 110 WESTWOOD PLAZA SUITE C305 LOS ANGELES, CA 900951481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE UCLA FOUNDATION 110 WESTWOOD PLAZA MULLIN MANAGEMEN COMMONS SUITE F205 BOX 951481 LOS ANGELES, CA 900951481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE UCLA FOUNDATION 110 WESTWOOD PLAZA SUITE C305 LOS ANGELES, CA 900951481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 110 WESTWOOD PLAZA SUITE C305 LOS ANGELES, CA 900951481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE MAPLE COUNSELING CENTER 9107 WILSHIRE BLVD BEVERLY HILLS, CA 902105508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 8701 CHARLEVILLE BLVD BEVERLY HILLS, CA 902112805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 8701 CHARLEVILLE BLVD BEVERLY HILLS, CA 902112805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BEVERLY HILLS HIGH241 MORENO DR BEVERLY HILLS, CA 902123639	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
THE NEUROMUSCULAR DISEASE FOUNDATIO 269 S BEVERLY DRIVE SUITE 1206 BEVERLY HILLS, CA 902123851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEMINIST MAJORITY FOUNDATION 433 S BEVERLY DR BEVERLY HILLS, CA 902124401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DIDI HIRSCH PSYCHIATRIC SERVICE 4760 SEPULVEDA BLVD LOS ANGELES, CA 902304820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAR VISTA FAMILY CENTER 5075 S SLAUSON AVE CULVER CITY, CA 902305663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOSTER CLUB OF PLAYA DEL REY 12221 JUNIETTE ST CULVER CITY, CA 902306235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 902306313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
THE REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 902306313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 902306313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
THE ACHIEVABLE FOUNDATION 5901 GREEN VALLEY CIR STE 320 CULVER CITY, CA 902306953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EXCEPTIONAL CHILDRENS FOUNDATION A 5350 MACHADO RD CULVER CITY, CA 902308800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL CHILDRENS FOUNDATION A 5350 MACHADO RD CULVER CITY, CA 902308800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EXCEPTIONAL CHILDRENS FOUNDATION A 5350 MACHADO RD CULVER CITY, CA 902308800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CULVER CITY EDUCATION FOUNDATION PO BOX 4178 CULVER CITY CA 90231-4178 CULVER CITY, CA 902314178	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES FOR LANGUAGE LEARNING EL PO BOX 5532 CULVER CITY, CA 902315532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
TURNING POINT SCHOOL 8780 NATIONAL BLVD CULVER CITY, CA 902322348	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,900
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO LIMITS THEATER GROUP INC 9801 WASHINGTON BLVD 2ND FL CULVER CITY, CA 902322723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE HEALS4080 LAFAYETTE PL CULVER CITY, CA 902322816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRADES OF GREEN INC 1730 E HOLLY AVE EL SEGUNDO, CA 902454404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALK WITH SALLY 840 APOLLO ST STE 324 EL SEGUNDO, CA 902454776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
HERMOSA BEACH EDUCATION FOUNDATION PO BOX 864 HERMOSA BEACH, CA 902540864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,450
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHIQUITAS FRIENDS 1401 CORRAL CANYON RD MALIBU, CA 902652972	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHIQUITAS FRIENDS 1401 CORRAL CANYON RD MALIBU, CA 902652972	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY MALIBU, CA 902655538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,420
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,195
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,706
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,445
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,560
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BCH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 1501 N REDONDO AVE MANHATTAN BEACH, CA 902664214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
OPAL ROBINSON ELEMENTARY 80 MORNINGSIDE DRIVE MANHATTAN BEACH, CA 902666562	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPAL ROBINSON ELEMENTARY 80 MORNINGSIDE DRIVE MANHATTAN BEACH, CA 902666562	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	225
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,618
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,567
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,884
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
PALISADES CHARTER HIGH 15777 BOWDOIN ST PACIFIC PALISADES, CA 902723523	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALISADES CHARTER HIGH 15777 BOWDOIN ST PACIFIC PALISADES, CA 902723523	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	520
PALISADES HIGH SCHOOL BOOSTER CLUB PO BOX 223 PACIFIC PLSDS, CA 902720223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
OUR CHILDREN LAPO BOX 676 PACIFIC PLSDS, CA 902720676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY CHRISTIAN SCHOOL FOUNDATION 701 PALISADES DR PACIFIC PLSDS, CA 902722839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,511
CALVARY CHRISTIAN SCHOOL FOUNDATION 701 PALISADES DR PACIFIC PLSDS, CA 902722839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LUNADA BAY ELEMENTARY 520 PASEO LUNADO PALOS VERDES ESTATES, CA 902744377	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES INTERMEDIATE SCHOOL BO 2161 VIA OLIVERA PALOS VERDES EST, CA 902741979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
PTA CALIFORNIA CONGRESS OF PARENTS 520 PASEO LUNADO PALO VERDES ESTATES, CA 902744377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	448
COMMUNITY HELPLINE INC PO BOX 2503 PLS VRDS PNSL, CA 902748503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PLS VRDS PNSL, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
REDONDO BEACH EDUCATIONAL FOUNDATIO 409 N PACIFIC COAST HWY STE 310 REDONDO BEACH, CA 902776853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICROAID INTERNATIONAL INC PO BOX 853 VENICE, CA 902940853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DIRTY DOG SQUADPO BOX 12888 MARINA DL REY, CA 902953888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
DIRTY DOG SQUADPO BOX 12888 MARINA DL REY, CA 902953888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRTY DOG SQUADPO BOX 12888 MARINA DL REY, CA 902953888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENRICHMENT CENTER A CREATIVE FOCUS 321 W 64TH ST INGLEWOOD, CA 903021127	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
PROSTATE CANCER FOUNDATION 1250 FOURTH ST STE 360 SANTA MONICA, CA 904011304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSTATE CANCER FOUNDATION 1250 FOURTH ST STE 360 SANTA MONICA, CA 904011304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PROSTATE CANCER FOUNDATION 1250 FOURTH ST STE 360 SANTA MONICA, CA 904011304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
PROSTATE CANCER FOUNDATION 1250 4TH STREET SANTA MONICA, CA 904011366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSTATE CANCER FOUNDATION 1250 4TH STREET SANTA MONICA, CA 904011366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
THE PAINTED TURTLE 1300 4TH ST STE 300 SANTA MONICA, CA 904011369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CARLTHORP SCHOOL 438 SAN VICENTE BLVD SANTA MONICA, CA 904021703	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARLTHORP SCHOOL 438 SAN VICENTE BLVD SANTA MONICA, CA 904021703	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST MONICAS CATHOLIC CHURCH 725 CALIFORNIA AVE SANTA MONICA, CA 904034005	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
VINTAGE CHURCH OF LOS ANGELES 1015 CALIFORNIA AVE SANTA MONICA, CA 904034110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEGAN AND SARA FOUNDATION 2708 WILSHIRE BLVD NO 369 SANTA MONICA, CA 904034706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PACIFICA CHRISTIAN HIGH SCHOOL 1730 WILSHIRE BLVD SANTA MONICA, CA 904035510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
PACIFICA CHRISTIAN HIGH SCHOOL 1730 WILSHIRE BLVD SANTA MONICA, CA 904035510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOHNS HOSPITAL & HEALTH CENTE 2121 SANTA MONICA BLVD SANTA MONICA, CA 904042303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
SAINT JOHNS HOSPITAL & HEALTH CENTE 2121 SANTA MONICA BLVD SANTA MONICA, CA 904042303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	515
FRIENDS OF GARRET MOUNTAIN RESERVAT 1710 22ND ST SANTA MONICA, CA 904043921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FRIENDS OF GARRET MOUNTAIN RESERVAT 1710 22ND ST SANTA MONICA, CA 904043921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANIFESTWORKS1660 STANFORD ST SANTA MONICA, CA 904044114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PRESENT NOW 2716 OCEAN PARK BLVD SUITE 2000 SANTA MONICA, CA 904051739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
ANGEL FLIGHT WEST INC 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 904053210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA MONICA CONSERVANCY PO BOX 653 SANTA MONICA, CA 904060653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TORRANCE EDUCATION FOUNDATION 20695 S WESTERN AVE STE 141 TORRANCE, CA 905011847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
TORRANCE HIGH 2200 W CARSON STREET TORRANCE, CA 905013135	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TORRANCE CULTURAL ARTS CENTER FOUND PO BOX 10416 TORRANCE, CA 905051316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TORRANCE MEMORIAL MEDICAL CENTER HE 3330 LIMITA BLVD TORRANCE, CA 905055002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
EL CAMINO COMMUNITY COLLEGE DISTRIC 16007 CRENSHAW BLVD TORRANCE, CA 905060001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CAMINO COMMUNITY COLLEGE DISTRIC 16007 CRENSHAW BLVD TORRANCE, CA 905060001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
RIO HONDO COLLEGE FOUNDATION 3600 WORKMAN MILL RD WHITTIER, CA 906011616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WHITTIER COLLEGE 13406 PHILADELPHIA ST WHITTIER, CA 906014446	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC COAST SHOCK WAVES 8212 CLOVER WAY BUENA PARK, CA 906202107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	490
GLOBAL OPERATIONS AND DEVELOPMENT- 8332 COMMONWEALTH AVE BUENA PARK, CA 906212526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAVING SHELTER SOULS 5062 LA LUNA DR LA PALMA, CA 906232050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHLAND SHELTIE RESCUE INC 261 N MARIAN ST LA HABRA, CA 906314536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FROM MADDI S CLOSET 15519 SURREY LN LA MIRADA, CA 906381645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FROM MADDI S CLOSET 15519 SURREY LN LA MIRADA, CA 906381645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISSO SEVA15213 PIONEER BLVD NORWALK, CA 906506452	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	501
RESTLESS HEARTS FOUNDATION 10135 GEARY AVE SANTA FE SPGS, CA 906703253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEART OF ANGELSPO BOX 971 ARTESA, CA 907020971	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE INTERNATIONAL CHRISTIAN CE 9852 LINDEN ST BELLFLOWER, CA 907063844	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ARROWBEAR MUSIC ASSOCIATES PO BOX 1294 LAKEWOOD, CA 907141294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INDIA EVANGELICAL MISSION INC PO BOX 1633 LAKEWOOD, CA 907160633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIA EVANGELICAL MISSION INC PO BOX 1633 LAKEWOOD, CA 907160633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NOTE-ABLES BOOSTER CLUB PO BOX 744 LOS ALAMITOS, CA 907200744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NOTE-ABLES BOOSTER CLUB PO BOX 744 LOS ALAMITOS, CA 907200744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFLAG LONG BEACHPO BOX 1132 LOS ALAMITOS, CA 907201132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL BIRD RESCUE 3601 SOUTH GAFFEY ROAD SAN PEDRO, CA 907310000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
INTERNATIONAL BIRD RESCUE 3601 SOUTH GAFFEY ROAD SAN PEDRO, CA 907310000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS RULE PLACEMENT FOUNDATION 305 N HARBOR BLVD SAN PEDRO, CA 907312242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CALIFORNIA STATE UNIVERSITY DOMINGU 1000 E VICTORIA STREET WELCH HALL CARSON, CA 907470001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 180 E OCEAN BLVD LONG BEACH, CA 908024709	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 180 E OCEAN BLVD FL 4 LONG BEACH, CA 908024748	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 908028126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 908028126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 908028126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ALAMITOS BAY SAILING FOUNDATION 7201 E OCEAN BLVD LONG BEACH, CA 908034551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WILSON INSTRUMENTAL MUSIC BOOSTERS 4400 E 10TH ST LONG BEACH, CA 908044310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN TODAY A CALIFORNIA NON PRO 2951 LONG BEACH BLVD LONG BEACH, CA 908061532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GOODWILL SERVING THE PEOPLE OF SOUT 800 WEST PACIFIC COAST HIGHWAY LONG BEACH, CA 908065243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE PEARL FOUNDATION INC PO BOX 7073 LONG BEACH, CA 908070073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTRENOUS YOUTH EMPOWERMENT SERVICE 4005 N VIRGINIA RD UNIT 3 LONG BEACH, CA 908072654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 401 E 37TH ST LONG BEACH, CA 908073405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 401 E 37TH ST LONG BEACH, CA 908073405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL TRADE EDUCATION PROGR 2417 E CARSON ST STE 200 CARSON, CA 908101252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LONG BEACH RESCUE MISSION PO BOX 1969 LONG BEACH, CA 908133027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ST MARY MEDICAL CENTER FOUNDATION 1050 LINDEN AVE LONG BEACH, CA 908133321	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY MEDICAL CENTER FOUNDATION 1050 LINDEN AVE LONG BEACH, CA 908133321	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA STATE UNIVERSITY LONG BE 6300 STATE UNIVERSITY DR STE 332 LONG BEACH, CA 908150000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PTA CALIFORNIA CONGRESS OF PARENTS 1100 IROQUOIS AVE LONG BEACH, CA 908154649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG BEACH PUBLIC LIBRARY FOUNDATIO 101 PACIFIC AVE LONG BEACH, CA 908221003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PASADENA ROSEBUD ACADEMY CHARTER SC 3544 CANON BLVD ALTADENA, CA 910014008	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MIRANDA D BECK PEDIATRIC CANCER RES PO BOX 6165 ALTADENA, CA 910036165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAYAN SEWA SANSTHAN INC 936 HAMPTON RD ARCADIA, CA 910061913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,670
PTA CALIFORNIA CONGRESS OF PARENTS 1401 S 1ST AVE ARCADIA, CA 910064134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ST BEDE THE VENERABLE CATHOLIC CHUR 4524 CROWN AVE LA CANADA FLINTRID, CA 910113636	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BEDE THE VENERABLE CATHOLIC CHUR 4524 CROWN AVE LA CANADA FLINTRID, CA 910113636	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVENUE LA CANADA, CA 910113637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,300
FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVENUE LA CANADA, CA 910113637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD EDUCATIONAL CENTER CALTECH JP 140 FOOTHILL BLVD LA CANADA, CA 910113727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
FLINTRIDGE SACRED HEART ACADEMY 440 SAINT KATHERINE DR LA CANADA, CA 910114113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
FLINTRIDGE SACRED HEART ACADEMY 440 SAINT KATHERINE DR LA CANADA, CA 910114113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 910163331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 910163331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANCOP FOUNDATION USA INC 315 W MAPLE AVE MONROVIA, CA 910163331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULGARIAN EDUCATION AND CULTURE SOC 239 W COLORADO BLVD APT A MONROVIA, CA 910165701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BULGARIAN EDUCATION AND CULTURE SOC 239 W COLORADO BLVD APT A MONROVIA, CA 910165701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,245
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,725
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910169845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA AVE MONTROSE, CA 910201817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	575
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA AVE MONTROSE, CA 910201817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA AVE MONTROSE, CA 910201817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,250
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA AVE MONTROSE, CA 910201817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,400
CRESCENTA VALLEY LITTLE LEAGUE PO BOX 156 MONTROSE, CA 910210156	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOODEN SCHOOL 192 N BALDWIN AVENUE SIERRA MADRE, CA 910241932	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
GOODEN SCHOOL192 N BALDWIN AVE SIERRA MADRE, CA 910241932	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HOLY FAMILY CATHOLIC ELEMENTARY SCH 1301 ROLLIN STREET SOUTH PASADENA, CA 910303736	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	755
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY FAMILY CATHOLIC ELEMENTARY SCH 1301 ROLLIN STREET SOUTH PASADENA, CA 910303736	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,850
MARENGO ELEMENTARY C/O CARA MELLOH TREASURER 1400 MARENGO AVENUE SOUTH PASADENA, CA 910303951	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
LOS ANGELES CHILDRENS MUSIC FOUNDAT 650 ARROYO DR S PASADENA, CA 910302348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAKISTANI AMERICAN FORUM-MERIT GRAN PO BOX 1061 S PASADENA, CA 910311061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TIERRA DEL SOL FOUNDATION 9919 SUNLAND BLVD SUNLAND, CA 910401529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
CLUB 21 LEARNING AND RESOURCE CENTE 539 N LAKE AVE PASADENA, CA 911011217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB 21 LEARNING AND RESOURCE CENTE 539 N LAKE AVE PASADENA, CA 911011217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
CLUB 21 LEARNING AND RESOURCE CENTE 539 N LAKE AVE PASADENA, CA 911011217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CHANDLER SCHOOL1005 ARMADA DR PASADENA, CA 911032802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINLANDIA FOUNDATION NATIONAL INC 470 W WALNUT ST PASADENA, CA 911033594	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PASADENA HISTORICAL SOCIETY INC 470 WEST WALNUT STREET PASADENA, CA 911033594	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ARMENIAN APOSTOLIC CHURCH OF PASADE 1694 E WASHINGTON BLVD PASADENA, CA 911042757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN APOSTOLIC CHURCH OF PASADE 1694 E WASHINGTON BLVD PASADENA, CA 911042757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
PASADENA CHRISTIAN SCHOOL 1515 N LOS ROBLES AVE PASADENA, CA 911042149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MAYFIELD SENIOR SCHOOL OF THE HOLY 500 BELLEFONTAINE ST PASADENA, CA 911052439	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERICHO ROAD PASADENA INC 75 S GRAND AVE PASADENA, CA 911051602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	735
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PASADENA HERITAGE 651 S SAINT JOHN AVE PASADENA, CA 911052913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DR PASADENA, CA 911053333	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DR PASADENA, CA 911053333	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DR PASADENA, CA 911053333	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
POLYTECHNIC SCHOOL 1030 E CALIFORNIA BLVD PASADENA, CA 911064042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLYTECHNIC SCHOOL 1030 E CALIFORNIA BLVD PASADENA, CA 911064042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,200
PASADENA EDUCATION NETWORK 3579 E FOOTHILL BLVD PASADENA, CA 911073119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOYS & GIRLS CLUBS OF PASADENA 3230 E DEL MAR BLVD PASADENA, CA 911074640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON MIDDLE 1700 HUNTINGTON DR SAN MARINO, CA 911082541	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	263
HENRY E HUNTINGTON LIBRARY & ART GA 1151 OXFORD RD SAN MARINO, CA 911081218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NATIONAL CHARITY LEAGUE INC SAN MAR 1613 CHELSEA RD STE 247 SAN MARINO, CA 911082419	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR PRADER WILLI RESEARC DEPT LA 23216 PASADENA, CA 911853216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR PRADER WILLI RESEARC DEPT LA 23216 PASADENA, CA 911853216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HAYKAZUNYADZ ARMENIAN CENTER INC 1020 DAVIS AVE APT 101 GLENDALE, CA 912012465	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYKAZUNYADZ ARMENIAN CENTER INC 1020 DAVIS AVE APT 101 GLENDALE, CA 912012465	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
SPORTING SO-CAL SOCCER ACADEMY 409 W LOMITA AVE APT 114 GLENDALE, CA 912043034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ST MARY'S ARMENIAN TUFENKIAN 1200 CARLTON DRIVE GLENDALE, CA 912051410	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	820
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN COUNCIL OF AMERICA 815 E COLORADO ST STE 140 GLENDALE, CA 912054508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ARMENIAN COUNCIL OF AMERICA 815 E COLORADO ST STE 140 GLENDALE, CA 912054508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ARMENIAN CULTURAL ASSOCIATION HAMAZ 104 N BELMONT ST STE 200 GLENDALE, CA 912064492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN CULTURAL ASSOCIATION HAMAZ 104 N BELMONT ST STE 200 GLENDALE, CA 912064492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
RENAL SUPPORT NETWORK 1311 N MARYLAND AVE GLENDALE, CA 912071329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VERDUGO WOODLANDS ELEMENTARY 1751 NORTH VERDUGO RD GLENDALE, CA 912082999	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERDUGO WOODLANDS ELEMENTARY 1751 NORTH VERDUGO RD GLENDALE, CA 912082999	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	380
GLENDALE POLICE FOUNDATION PO BOX 10142 GLENDALE, CA 912093142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 2620 ORANGE AVE LA CRESCENTA, CA 912142199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,500
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
VALLEY VIEW EDCATION FOUNDATION 4900 MARYLAND AVE LA CRESCENTA, CA 912141245	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DJANBAZIAN DANCE FOUNDATION 2600 FOOTHILL BLVD STE 102 LA CRESCENTA, CA 912144578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GLENDALE HISTORICAL SOCIETY PO BOX 4173 GLENDALE, CA 912220173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYRENASERPO BOX 251231 GLENDALE, CA 912251231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
LINDERO CANYON MIDDLE 5844 NORTH LARBOARD LANE AGOURA, CA 913011423	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
WILLOW ELEMENTARY29026 LARO DR AGOURA, CA 913011637	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA BASEBALL FOUNDATION 5737 KANAN RD AGOURA HILLS, CA 913011601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,378
AGOURA BASEBALL FOUNDATION 5737 KANAN RD AGOURA HILLS, CA 913011601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
PARENT FACULTY ASSOCIATION OF WILLO 29026 LARO DR AGOURA HILLS, CA 913011637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMAC ELEMENTARY SCHOOL PARENT FACU 6050 CALMFIELD AVE AGOURA HILLS, CA 913012104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MALIBU TRIATHLON FOUNDATION 29395 AGOURA RD STE 102 AGOURA HILLS, CA 913012504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AGOURA HIGH SCHOOL MUSIC BOOSTERS C 28545 DRIVER AVE AGOURA, CA 913013335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROUND MEADOW ELEMENTARY 5151 ROUND MEADOW RD CALABASAS, CA 913021198	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,550
LAS VIRGENES UNIFIED 4111 NORTH LAS VIRGENES RD CALABASAS, CA 913021929	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	398
LAS VIRGENES UNIFIED 4111 NORTH LAS VIRGENES RD CALABASAS, CA 913021929	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	196
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY LAUREL ELEMENTARY 24740 PASEO PRIMARIO CALABASAS, CA 913023071	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
PARENT FACULTY CLUB OF ROUND MEADOW 5151 ROUND MEADOW RD HIDDEN HILLS, CA 913021161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
RIDE 2 RECOVERY 23679 CALABASAS RD STE 420 CALABASAS, CA 913021502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDE 2 RECOVERY 23679 CALABASAS RD 420 CALABASAS, CA 913021502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CALABASAS HIGH SCHOOL PARENT FACULT 22855 MULHOLLAND HWY CALABASAS, CA 913022047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CALABASAS HIGH SCHOOL PARENT FACULT 22855 MULHOLLAND HWY CALABASAS, CA 913022047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALABASAS HIGH SCHOOL PARENT FACULT 22855 MULHOLLAND HWY CALABASAS, CA 913022047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
VIEWPOINT EDUCATIONAL FOUNDATION 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
VIEWPOINT EDUCATIONAL FOUNDATION 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,630
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
THE CALIFORNIA WILDLIFE CENTER 26026 PIUMA RD CALABASAS, CA 913022100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CALIFORNIA WILDLIFE CENTER 26026 PIUMA RD CALABASAS, CA 913022100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BAY LAUREL ELEMENTARY SCHOOL PARENT 24740 PASEO PRIMARIO CALABASAS, CA 913023071	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALICE C STELLE MIDDLE SCHOOL PARENT 22450 MULHOLLAND HWY CALABASAS, CA 913025180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	613
FAMILY RESCUE CENTER 22103 VANOWEN ST CANOGA PARK, CA 913032460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	627
FAMILY RESCUE CENTER 22103 VANOWEN ST CANOGA PARK, CA 913032460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,691
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RESCUE CENTER 22103 VANOWEN ST CANOGA PARK, CA 913032460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	507
POMELO COMMUNITY CHARTER 7633 MARCH AVE CANOGA PARK, CA 913045233	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
LEELA INSTITUTE 23650 COMMUNITY STREET WEST HILLS, CA 913043001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEELA INSTITUTE 23650 COMMUNITY STREET WEST HILLS, CA 913043001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,060
LEELA INSTITUTE 23650 COMMUNITY STREET WEST HILLS, CA 913043001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SUNNY BRAE AVENUE ELEMENTARY 20620 ARMINTA ST WINNETKA, CA 913062109	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY VILLAGE20830 SHERMAN WAY CANOGA PARK, CA 913062707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WELBY WAY CHARTER ELEM SCH AND GIFT 23456 WELBY WAY WEST HILLS, CA 913073328	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	295
SOUTHERN CALIFORNIA PIANO CONSERVAT 6520 PLATT AVE WEST HILLS, CA 913073218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS OF WELBY WAY 23456 WELBY WAY WEST HILLS, CA 913073328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	295
PARENTS OF WELBY WAY 23456 WELBY WAY WEST HILLS, CA 913073328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENTS OF WELBY WAY 23456 WELBY WAY WEST HILLS, CA 913073328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	590
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CANYON SCHOOL 11052 INDEPENDENCE AVENUE CHATSWORTH, CA 913111562	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
RIDE ON L A 10860 TOPANGA CANYON BLVD CHATSWORTH, CA 913111350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAWRENCE MIDDLE SCHOOL BAND BOOSTER 10100 VARIEL AVE CHATSWORTH, CA 913113050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATSWORTH JUNIOR BASEBALL LEAGUE A PO BOX 3173 CHATSWORTH, CA 913133173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMEN OF SUBSTANCE & MEN OF HONOR I PO BOX 771 NEWBURY PARK, CA 913190771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEWBURY PARK ADVENTIST ACADEMY 180 ACADEMY DR NEWBURY PARK, CA 913201102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DR NEWBURY PARK, CA 913203252	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DR NEWBURY PARK, CA 913203252	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FIRST CHRISTIAN CHURCH OF NEWBURY P 801 KNOLLWOOD DR NEWBURY PARK, CA 913205341	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
JAMES STOREHOUSE INCORPORATED 3541 OLD CONEJO RD STE 117 NEWBURY PARK, CA 913206317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF SCV 23120 LYONS AVE STE 19 NEWHALL, CA 913212670	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SANTA CLARITA VALLEY FOOD PANTRY 24133 RAILROAD AVE NEWHALL, CA 913212918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MUSYCA10110 MELINDA WAY UNIT 5 NORTHRIDGE, CA 913251110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSYCA10110 MELINDA WAY UNIT 5 NORTHRIDGE, CA 913251110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL COUNCIL OF YOUNG ISRAEL 17511 DEVEONSHIRE ST NORTHRIDGE, CA 913251442	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,910
CHABAD OF NORTHRIDGE 17142 DEVONSHIRE ST NORTHRIDGE, CA 913251665	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST CATS RESCUE INC 9018 BALBOA BLVD 237 NORTHRIDGE, CA 913252610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CASTLEBAY LANE ELEMENTARY SCHOOL PA 19360 RINALDI STREET 763 PORTER RANCH, CA 913261005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
CASTLEBAY LANE ELEMENTARY SCHOOL PA 19360 RINALDI STREET 763 PORTER RANCH, CA 913261005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PORTER RANCH COMMUNITY S 12450 MASON AVE PORTER RANCH, CA 913264619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF ST UNIVERSITY HALL 110 NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF ST UNIVERSITY HALL 110 NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS ON CHILDREN NOW INC 6850 CANBY AVE RESEDA, CA 913354310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EISENBERG VILLAGE OF THE LOS ANGELE 18855 VICTORY BLVD RESEDA, CA 913356445	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HUNGER FUND PO BOX 7085 MISSION HILLS, CA 913467085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEODORE PAYNE FOUNDATION FOR WILD 10459 TUXFORD ST SUN VALLEY, CA 913522126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THEODORE PAYNE FOUNDATION FOR WILD 10459 TUXFORD ST SUN VALLEY, CA 913522126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PRINCIPLES OF SUCCESS MOTIVATIONAL 5048 BREWSTER DR TARZANA, CA 913563901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCIPLES OF SUCCESS MOTIVATIONAL 5048 BREWSTER DR TARZANA, CA 913563901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRINCIPLES OF SUCCESS MOTIVATIONAL 5048 BREWSTER DR TARZANA, CA 913563901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF WILBUR INC 5213 CREBS AVE TARZANA, CA 913564010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARGER THAN LIFE - LA FAMILY 19626 VENTURA BLVD STE 212 TARZANA, CA 913566013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LARGER THAN LIFE - LA FAMILY 19626 VENTURA BLVD STE 212 TARZANA, CA 913566013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
FRIENDS OF PORTOLA INC PO BOX 571853 TARZANA, CA 913571853	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO VALLEY LITTLE LEAGUE INC PO BOX 1523 THOUSAND OAKS, CA 913580523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESTLAKE HIGH SCHOOL FOOTBALL BOOST PO BOX 6695 THOUSAND OAKS, CA 913596695	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WILDWOOD ELEMENTARY 620 W VELARDE DR THOUSAND OAKS, CA 913601331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,057
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDWOOD ELEMENTARY 620 W VELARDE DR THOUSAND OAKS, CA 913601331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
ASPEN ELEMENTARY1870 OBERLIN AVE THOUSAND OAKS, CA 913602099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	140
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	775
ST PASCHAL BAYLON SCHOOL 154 E JANSS ROAD THOUSAND OAKS, CA 913603323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST PASCHAL BAYLON SCHOOL 154 E JANSS ROAD THOUSAND OAKS, CA 913603323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PASCHAL BAYLON SCHOOL 154 E JANSS ROAD THOUSAND OAKS, CA 913603323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST PASCHAL BAYLON SCHOOL 154 E JANSS ROAD THOUSAND OAKS, CA 913603323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
REDWOOD MIDDLE 233 WEST GAINSBOROUGH RD THOUSAND OAKS, CA 913603499	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CONTRIBUTION 3096 APACHE CIR THOUSAND OAKS, CA 913601023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA CALIFORNIA CONGRESS OF PARENTS 620 VELARDE DR THOUSAND OAKS, CA 913601331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
STEPPING STONES RIDING PROGRAM 2539 YOUNG AVE THOUSAND OAKS, CA 913601845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPING STONES RIDING PROGRAM 2539 YOUNG AVE THOUSAND OAKS, CA 913601845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOS ROBLES HOSPITAL VOLUNTEERS INC 215 W JANSS RD THOUSAND OAKS, CA 913601847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS HIGH SCHOOL BAND BOOS 2323 N MOORPARK RD THOUSAND OAKS, CA 913603101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THOUSAND OAKS HIGH SCHOOL BAND BOOS 2323 N MOORPARK RD THOUSAND OAKS, CA 913603101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
TEMPLE ETZ CHAIM 1080 EAST JANSS ROAD THOUSAND OAKS, CA 913605119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINK PAWS RESCUE & ADOPTION 1534 N MOORPARK RD 416 THOUSAND OAKS, CA 913605129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP RD THOUSAND OAKS, CA 913605467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP RD THOUSAND OAKS, CA 913605467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE OAK ELEMENTARY 31761 WEST VILLAGE SCHOOL RD WESTLAKE VILLAGE, CA 913614502	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
WESTLAKE ELEMENTARY SCHOOL P F A 1571 E POTRERO RD WESTLAKE VLG, CA 913611529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CANCER SUPPORT COMMUNITY VALLEY- VE 530 HAMPSHIRE RD WESTLAKE VLG, CA 913612218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR WESTLAKE VILLAGE, CA 913614613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR WESTLAKE VILLAGE, CA 913614613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR WESTLAKE VILLAGE, CA 913614613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR WESTLAKE VILLAGE, CA 913614613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
LOS CERRITOS MIDDLE 2100 AVENIDA DE LAS FLORES THOUSAND OAKS, CA 913621599	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
COLINA MIDDLE1500 HILLCREST DR THOUSAND OAKS, CA 913622599	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH 100 LAKEVIEW CANYON RD WESTLAKE VILLAGE, CA 913623802	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA ROAD WESTLAKE VILLAGE, CA 913624010	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
LANG RANCH2450 WHITECHAPEL PL THOUSAND OAKS, CA 913625399	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS CERRITOS MIDDLE SCHOOL INSTRUME 2100 AVE DE LAS FLORES THOUSAND OAKS, CA 913620000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
LOS CERRITOS MIDDLE SCHOOL INSTRUME 2100 AVE DE LAS FLORES THOUSAND OAKS, CA 913620000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MATES COMMUNITY NETWORK 2000 LA GRANADA DR THOUSAND OAKS, CA 913622016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 1500 E HILLCREST DR THOUSAND OAKS, CA 913622534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
WESTLAKE HILLS ELEMENTARY SCHOOL PA 3333 MEDICINE BOW CT WESTLAKE VLG, CA 913623545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUYAMBA INC 3625 E THOUSAND OAKS BLVD STE 265 WESTLAKE VLG, CA 913623576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	780
WESTLAKE HIGH SCHOOL SPIRIT CHEER B 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WESTLAKE HIGH SCHOOL GIRLS LACROSSE 100 N LAKEVIEW CANYON ROAD WESTLAKE VILLAGE, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	420
WHS GVB100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	925
CONEJO CONCUSSION INSTITUTE 4165 E THOUSAND OAKS BLVD STE 150 WESTLAKE VLG, CA 913623837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CONEJO CONCUSSION INSTITUTE 4165 E THOUSAND OAKS BLVD STE 150 WESTLAKE VLG, CA 913623837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 913624010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 913624010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,950
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCIPLE BASED LEADERSHIP 30802 OAKRIM DR WESTLAKE VLG, CA 913624114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUGH OBRIAN YOUTH LEADERSHIP 31255 CEDAR VALLEY DR STE 327 WESTLAKE VLG, CA 913627140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAILEY BAIO ANGEL FOUNDATION 21781 VENTURA BLVD SUITE 473 WOODLAND HLS, CA 913641835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HOMES FOR FAMILIES 21031 VENTURA BLVD SUITE 610 WOODLAND HILLS, CA 913642203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVE WOODLAND HILLS, CA 913672607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,941
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVE WOODLAND HILLS, CA 913672607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVE WOODLAND HILLS, CA 913672607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVE WOODLAND HILLS, CA 913672607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISRAELI-AMERICAN COUNCIL 5900 CANOGA AVENUE WOODLAND HILLS, CA 913675073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 913760565	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 913760565	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
MEDEA CREEK MIDDLE 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,110
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
RED OAK ELEMENTARY 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 165 N SATINWOOD AVE OAK PARK, CA 913770000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
OAK PARK HIGH SCHOOL PARENT FACULTY 899 KANAN RD OAK PARK, CA 913773904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
OAK PARK HIGH SCHOOL PARENT FACULTY 899 KANAN RD OAK PARK, CA 913773904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	768
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER FREE CLINIC 5560 E NAPOLEON AVE OAK PARK, CA 913774746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 1010 KANAN RD OAK PARK, CA 913774826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OAK PARK EDUCATION FOUNDATION NONPR 638 LINDERO CANYON STE 126 OAK PARK, CA 913775457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK PARK EDUCATION FOUNDATION NONPR 638 LINDERO CANYON STE 126 OAK PARK, CA 913775457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PARENT FACULTY ASSOCIATION OF RED O 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	870
PARENT FACULTY ASSOCIATION OF RED O 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA CLARITA ORGANIZATION FOR PLAN PO BOX 1182 SANTA CLARITA, CA 913861182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
SAFFYRE SANCTUARY INC PO BOX 921708 SYLMAR, CA 913921708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SOUTHERN CALIFORNIA CAT ADOPTIONTAI PO BOX 922754 SYLMAR, CA 913922754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
VALLEY ECONOMIC DEVELOPMENT CENTER 5121 VAN NUYS BLVD 3RD FLR SHERMAN OAKS, CA 914031496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY ECONOMIC DEVELOPMENT CENTER 5121 VAN NUYS BLVD 3RD FLR SHERMAN OAKS, CA 914031496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE VALLEY ECONOMIC ALLIANCE 5121 VAN NUYS BLVD SUITE 200 SHERMAN OAKS, CA 914031497	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HELP ACTIVATE YOUTH 15021 VENTURA BLVD UNIT 480 SHERMAN OAKS, CA 914032442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 7120 HAYVENHURST AVE VAN NUYS, CA 914053813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH NATIONAL FUND -KEREN KAYEMET 7120 HAYVENHURST AVE VAN NUYS, CA 914053813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SHELTIE RESCUE ALTERNATIVE 7443 WHITAKER AVE VAN NUYS, CA 914062732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 16525 SHERMAN WAY NO C-8 VAN NUYS, CA 914063753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
BOY SCOUTS OF AMERICA 16525 SHERMAN WAY NO C-8 VAN NUYS, CA 914063753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUNLAND TUJUNGA LIONS FOUNDATION IN 7145 WOODLEY AVE VAN NUYS, CA 914063932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE FROM THE HART 15920 HAMLIN ST LAKE BALBOA, CA 914066445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RESCUE FROM THE HART 15920 HAMLIN ST LAKE BALBOA, CA 914066445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAT ASSISTANCE REFERRAL & EDUCATION PO BOX 56631 SHERMAN OAKS, CA 914131631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPONDYLITIS ASSOCIATION OF AMERICA PO BOX 5872 SHERMAN OAKS, CA 914135872	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 13061 RIVERSIDE DR SHERMAN OAKS, CA 914232128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NOTRE DAME HIGH SCHOOL OF SHERMAN O 13645 RIVERSIDE DR SHERMAN OAKS, CA 914232407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME HIGH SCHOOL OF SHERMAN O 13645 RIVERSIDE DR SHERMAN OAKS, CA 914232407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,100
SCIENCE ACADEMY FUNDRAISING INITIAT 13351 RIVERSIDE DRIVE SUITE D 526 SHERMAN OAKS, CA 914232542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
ANIMAL HOPE AND WELLNESS FOUNDATION 14456 VENTURA BLVD SHERMAN OAKS, CA 914232607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KESHET CHAIM DANCERS 4155 DIXIE CANYON AVE SHERMAN OAKS, CA 914234337	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROBYN & ITALOS DANCE EVENTS 4012 DAVANA RD SHERMAN OAKS, CA 914234636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GLOBAL INITIATIVE TO FREE TRAFFICKI 13200 MOORPARK ST APT 104 SHERMAN OAKS, CA 914235192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF LANAI BOOSTER PO BOX 260585 ENCINO, CA 914260585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,034
FRIENDS OF LANAI BOOSTER PO BOX 260585 ENCINO, CA 914260585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACE TO ERASE MS 15760 VENTURA BLVD STE 1030 ENCINO, CA 914363020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SEA SHEPHERD CONSERVATION SOCIETY 209 E ALAMEDA AVE STE 205 BURBANK, CA 915022674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SEA SHEPHERD CONSERVATION SOCIETY 209 E ALAMEDA AVE STE 205 BURBANK, CA 915022674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN DIOCESE OF THE ARMENIAN CHU 3325 N GLENOAKS BLVD BURBANK, CA 915042011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
THE BOYS & GIRLS CLUB OF BURBANK AN 2244 N BUENA VISTA ST BURBANK, CA 915043308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE BOYS & GIRLS CLUB OF BURBANK AN 2244 N BUENA VISTA ST BURBANK, CA 915043308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST VALLEY YOUTH BASEBALL & SOFTBA 1111 N EVERGREEN ST BURBANK, CA 915052431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KCETLINK2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
KCETLINK2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	327
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCETLINK2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MENDING KIDS INTERNATIONAL 2307 W OLIVE AVE B BURBANK, CA 915062627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANGEL HANZ FOR THE HOMELESS INC PO BOX 10716 BURBANK, CA 915100716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAGILE X ASSOCIATION OF SOUTHERN C PO BOX 6924 BURBANK, CA 915106924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BURBANK PHILHARMONIC ORCHESTRA PO BOX 6345 BURBANK, CA 915109868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BURBANK PHILHARMONIC ORCHESTRA PO BOX 6345 BURBANK, CA 915109868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
THE RESCUE TRAIN 10734 VALLEY SPRING LN TOLUCA LAKE, CA 916023229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE RESCUE TRAIN 10734 VALLEY SPRING LN TOLUCA LAKE, CA 916023229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACE FOR THE RESCUES 10734 VALLEY SPRING LN TOLUCA LAKE, CA 916023229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
RACE FOR THE RESCUES 10734 VALLEY SPRING LN TOLUCA LAKE, CA 916023229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHELTER TRANSPORT ANIMAL RESCUE TEA 12939 BLOOMFIELD ST STUDIO CITY, CA 916041402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON RD NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,950
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON RD NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON RD NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON RD NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON AVE N HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
THE SCGA FOUNDATION 3740 CAHUENGA BLVD N HOLLYWOOD, CA 916043502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES ACADEMY 3921 LAUREL CANYON 2ND FLOOR STUDIO CITY, CA 916043710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
VALLEY FRIENDSHIP CIRCLE 3816 LAUREL CANYON BLVD STUDIO CITY, CA 916043721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
VALLEY FRIENDSHIP CIRCLE 3816 LAUREL CANYON BLVD STUDIO CITY, CA 916043721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY FRIENDSHIP CIRCLE 3816 LAUREL CANYON BLVD STUDIO CITY, CA 916043721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BLVD N HOLLYWOOD, CA 916052523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BLVD N HOLLYWOOD, CA 916052523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVE STE 1B NORTH HOLLYWOOD, CA 916055164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE 206 NORTH HOLLYWOOD, CA 916073421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE 206 NORTH HOLLYWOOD, CA 916073421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE 206 NORTH HOLLYWOOD, CA 916073421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE 206 NORTH HOLLYWOOD, CA 916073421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE 206 NORTH HOLLYWOOD, CA 916073421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
PARENTS FOR CARPENTER INC PO BOX 1365 STUDIO CITY, CA 916140365	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
PARENTS FOR CARPENTER INC PO BOX 1365 STUDIO CITY, CA 916140365	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF BALDWIN PARK 4100 BALDWIN PARK BLVD BALDWIN PARK, CA 917066708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS REPUBLIC3493 GRAND AVE CHINO HILLS, CA 917091481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PLANES OF FAME AIR MUSEUM 14998 CAL AERO DR CHINO, CA 917109091	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAREMONT MCKENNA COLLEGE 400 NORTH CLAREMONT BLVD CLAREMONT, CA 917113910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
CLAREMONT MCKENNA COLLEGE ALUMNI AS 400 N CLAREMONT BLVD CLAREMONT, CA 917114015	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CLAREMONT MCKENNA COLLEGE ALUMNI AS 400 N CLAREMONT BLVD CLAREMONT, CA 917114015	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POMONA COLLEGE550 N COLLEGE AVE CLAREMONT, CA 917114434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	243
COMPASSION PHYSICAL THERAPY 10590 TOWN CENTER DR STE 100 RCH CUCAMONGA, CA 917300361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
KIWANIS CAL-NEV-HA FOUNDATION 8360 RED OAK ST STE 201 RCH CUCAMONGA, CA 917300608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ARROYO HIGH4921 NORTH CEDAR AVE EL MONTE, CA 917321099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICANS FOR THE BETTERMENT OF CAT PO BOX 1700 GLENDORA, CA 917401700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICANS FOR THE BETTERMENT OF CAT PO BOX 1700 GLENDORA, CA 917401700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
PROJECT GLENDORA YELLOW RIBBON COMM 400 S MINNESOTA AVE GLENDORA, CA 917416225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID AND MARGARET HOME INC 1350 THIRD STREET LA VERNE, CA 917505201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ONTARIO-MONTCLAIR SCHOOLS FOUNDATIO PO BOX 1426 ONTARIO, CA 917620426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
ONTARIO-MONTCLAIR SCHOOLS FOUNDATIO PO BOX 1426 ONTARIO, CA 917620426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLAND VALLEY COUNCIL OF CHURCHES PO BOX 2572 POMONA, CA 917692572	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
GARVEY EDUCATION FOUNDATION 2730 DEL MAR AVE ROSEMEAD, CA 917703026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GARVEY EDUCATION FOUNDATION 2730 DEL MAR AVE ROSEMEAD, CA 917703026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERALD CHRISTIAN HEALTH CENTER 8841 GARVEY AVE ROSEMEAD, CA 917703358	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NEW SONG CHURCH 945 W COVINA BLVD SAN DIMAS, CA 917732403	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	300
NEW SONG CHURCH 945 W COVINA BLVD SAN DIMAS, CA 917732403	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW SONG CHURCH 945 W COVINA BLVD SAN DIMAS, CA 917732403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
WHITE FAMILY CARE SERVICES 158 N MONTE VISTA AVE SAN DIMAS, CA 917732606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ASIAN YOUTH CENTER100 CLARY AVE SAN GABRIEL, CA 917761374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL FAMILY SHELTER INC 1501 W 9TH STREET SUITE D UPLAND, CA 917865665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WALNUT HIGH400 N PIERRE RD WALNUT, CA 917892535	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
MT SAN ANTONIO COLLEGE FOUNDATION 1100 GRAND AVENUE WALNUT, CA 917891341	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDSONS LEGACY 340 S LEMON AVE 2720 WALNUT, CA 917892706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ASHA FOR EDUCATION 340 S LEMON AVE 2742 WALNUT, CA 917892706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR PRADER WILLI RESEARC 340 S LEMON AVE 3620 NO 3620 WALNUT, CA 917892706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIONS TIGERS & BEARS 24402 MARTIN WAY ALPINE, CA 919012513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS TO MEN MENTORING NETWORK INC 9587 TROPICO DR LA MESA, CA 919416816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GROSSMONT HOSPITAL FOUNDATION PO BOX 158 LA MESA, CA 919440158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE SOLEL OF NORTHERN SAN DIEGO 3575 MANCHESTER AVE CARDIFF, CA 920071520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
MISSION ESTANCIA ELEMENTARY 3330 CALLE BARCELONA CARLSBAD, CA 920099319	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
MISSION ESTANCIA ELEMENTARY 3330 CALLE BARCELONA CARLSBAD, CA 920099319	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PACIFIC RIM ELEMENTARY 1100 CAMINO DE LAS ONDAS CARLSBAD, CA 920093400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 3035 LEVANTE ST CARLSBAD, CA 920098331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PTA CALIFORNIA CONGRESS OF PARENTS 3035 LEVANTE ST CARLSBAD, CA 920098331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 7885 PASEO ALISO CARLSBAD, CA 920099028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
PTA CALIFORNIA CONGRESS OF PARENTS 13555 BOQUITA DR DEL MAR, CA 920143453	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST MADELEINE SOPHIES TRAINING CENTE 2119 E MADISON AVE EL CAJON, CA 920191111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MADELEINE SOPHIES AUXILLARY 2119 E MADISON AVE EL CAJON, CA 920191111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
OUR LADY OF GRACE ELEMENTARY SCHOOL 2766 NAVAJO ROAD EL CAJON, CA 920202121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
OUR LADY OF GRACE ELEMENTARY SCHOOL 2766 NAVAJO ROAD EL CAJON, CA 920202121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA TEACHING MINISTRY PO BOX 20028 EL CAJON, CA 920210900	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
LOS ANGELITOS DE ENCINITAS PO BOX 232682 ENCINITAS, CA 920232682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 1690 WANDERING RD ENCINITAS, CA 920244308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 1690 WANDERING RD ENCINITAS, CA 920244308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 185 UNION ST ENCINITAS, CA 920242119	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CURE JM FOUNDATION 836 LYNWOOD DR ENCINITAS, CA 920242390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 920243710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHOADES SCHOOL FOUNDATION 141 S RANCHO SANTA FE RD ENCINITAS, CA 920244349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ENCINITAS EDUCATIONAL FOUNDATION 101 S RANCHO SANTA FE RD ENCINITAS, CA 920244349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHOADES SCHOOL FOUNDATION 141 S RANCHO SANTA FE RD ENCINITAS, CA 920244349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
INTERFAITH COMMUNITY SERVICES INC 550 WEST WASHINGTON AVENUE ESCONDIDO, CA 920251643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 920371387	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 920371387	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
MT SOLEDAD MEMORIAL ASSOCIATION 565 PEARL ST STE 301 LA JOLLA, CA 920375051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LJES PTO INC1111 MARINE ST LA JOLLA, CA 920375131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF LA JOLLA HIGH SCHOOL 750 NAUTILUS ST LA JOLLA, CA 920376103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
FOUNDATION OF LA JOLLA HIGH SCHOOL 750 NAUTILUS ST LA JOLLA, CA 920376103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION OF LA JOLLA HIGH SCHOOL 750 NAUTILUS ST LA JOLLA, CA 920376103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA JOLLA UNITED METHODIST CHURCH FO 6063 LA JOLLA BLVD LA JOLLA, CA 920376726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LA JOLLA UNITED METHODIST CHURCH FO 6063 LA JOLLA BLVD LA JOLLA, CA 920376726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIRD ROCK FOUNDATION INC 5371 LA JOLLA HERMOSA AVE LA JOLLA, CA 920378016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA JOLLA YOUTH BASEBALL ASSOCIATION PO BOX 954 LA JOLLA, CA 920380954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
KYOTO SYMPOSIUM ORGANIZATION PO BOX 3303 LA JOLLA, CA 920383303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
LA JOLLA GOLDEN TRIANGLE ROTARY CLU PO BOX 13023 LA JOLLA, CA 920393023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMED SERVICES YMCA OF THE USA BOX 555028 BLDG 16144 CAMP PENDLETON, CA 920555028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
INJURED MARINE SEMPER FI FUND PO BOX 555193 CAMP PENDLETON, CA 920555193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
INJURED MARINE SEMPER FI FUND PO BOX 555193 CAMP PENDLETON, CA 920555193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INJURED MARINE SEMPER FI FUND PO BOX 555193 CAMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,026
INJURED MARINE SEMPER FI FUND PO BOX 555193 CAMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,416
INJURED MARINE SEMPER FI FUND PO BOX 555193 CAMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-CITY HOSPITAL FOUNDATION 4002 VISTA WAY OCEANSIDE, CA 920564506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
TRI-CITY HOSPITAL FOUNDATION 4002 VISTA WAY OCEANSIDE, CA 920564506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OUTSIDE THE BOWL 1421 CALLE MARBELLA OCEANSIDE, CA 920566953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T E R I INC251 AIRPORT RD OCEANSIDE, CA 920581201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PAINTED ROCK SCHOOL FOUNDATION 16711 MARTINCOIT RD POWAY, CA 920641628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
TIERRA BONITA ELEMENTARY 14678 TIERRA BONITA RD POWAY, CA 920643032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 920670000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 920670000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 920670000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 920670000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MOVEMENT CHURCH1609 CAPALINA RD SAN MARCOS, CA 920691207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CAJON PARK ELEMENTARY 10300 MAGNOLIA AVE SANTEE, CA 920711704	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 920751241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 920751241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 920751241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 920751241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 920751241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
SAN MARCOS ROTARY CLUB FOUNDATION PO BOX 146 SAN MARCOS, CA 920790146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER FOR COLLEGE 981 PARK CENTER DR VISTA, CA 920818312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FALLBROOK FOOD PANTRY PO BOX 3008 FALLBROOK, CA 920883008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
REUBEN H FLEET SCIENCE CENTER PO BOX 33303 SAN DIEGO, CA 921011625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEPSIS ALLIANCE 1855 1ST AVE STE 102 SAN DIEGO, CA 921012650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,175
SEPSIS ALLIANCE 1855 1ST AVE STE 102 SAN DIEGO, CA 921012650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THIRD AVENUE CHARITABLE ORGANIZATIO 1420 3RD AVE SAN DIEGO, CA 921013103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD SAN DIEGO INC 402 WEST BROADWAY SUITE 1000 SAN DIEGO, CA 921013585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SAN DIEGO REGIONAL CHAMBER FOUNDATI 402 W BROADWAY STE 1000 SAN DIEGO, CA 921013585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
DRESS FOR SUCCESS SAN DIEGO 1122 BROADWAY STE 200 SAN DIEGO, CA 921015629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USS MIDWAY MUSEUM 910 N HARBOR DR SAN DIEGO, CA 921015811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
USS MIDWAY MUSEUM 910 N HARBOR DR SAN DIEGO, CA 921015811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
THE NEW CHILDRENS MUSEUM 200 W ISLAND AVE SAN DIEGO, CA 921016850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW CHILDRENS MUSEUM 200 W ISLAND AVE SAN DIEGO, CA 921016850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
DISABLED VETERANS NATIONAL FOUNDATI 8810 RIO SAN DIEGO DR 1160 SAN DIEGO, CA 921017316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SERVING SENIORS 525 14TH STREET SUITE 200 SAN DIEGO, CA 921017544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCDR INC2801 B STREET 55 SAN DIEGO, CA 921022051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL VILLAGE INC 3350 E ST SAN DIEGO, CA 921023332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL ELEMENTARY SCHOO 4061 IBIS STREET SAN DIEGO, CA 921031830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DE PAUL ELEMENTARY SCHOO 4061 IBIS STREET SAN DIEGO, CA 921031830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DE PAUL ELEMENTARY SCHOO 4061 IBIS STREET SAN DIEGO, CA 921031830	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE SUITE 203 SAN DIEGO, CA 921034217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE SUITE 203 SAN DIEGO, CA 921034217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF SAN DIEGO INC 210 MAPLE ST SAN DIEGO, CA 921036521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF SAN DIEGO INC 210 MAPLE ST SAN DIEGO, CA 921036521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUED DOG 1220 ROSECRANS ST PMB 252 SAN DIEGO, CA 921062674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PERFECT 33 FOUNDATION 3842 JENNINGS ST SAN DIEGO, CA 921062805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
POINT LOMA ROTARY ENDOWMENT FUND IN 2240 SHELTER ISLAND DR STE 106 SAN DIEGO, CA 921063138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO REGION SMALL BUSINESS DEV 2448 HISTORIC DECATUR RD 200 SAN DIEGO, CA 921066116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SAN DIEGO REGION SMALL BUSINESS DEV 2448 HISTORIC DECATUR RD 200 SAN DIEGO, CA 921066116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ONE MORE WAVE SURF CORP 3960 W POINT LOMA BLVD SUITE H 342 SAN DIEGO, CA 921071420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
PLANNED PARENTHOOD OF THE PACIFIC S 1075 CAMINO DEL RIO SO SAN DIEGO, CA 921083538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOUSING WORKS 2815 CAMINO DEL RIO SOUTH SUITE 350 SAN DIEGO, CA 921083815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTST 2445 FOGG ST SAN DIEGO, CA 921094855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
OCEAN DISCOVERY INSTITUTE 2211 PACIFIC BEACH DRIVE SUITE A SAN DIEGO, CA 921095626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
VIETNAM VETERANS OF SAN DIEGO 4141 PACIFIC HWY SAN DIEGO, CA 921102030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE SAN DIEGO HUMANE SOCIETY FOUNDA 5500 GAINES ST SAN DIEGO, CA 921102572	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
SAN DIEGO FLEET WEEK FOUNDATION 2165 SAN DIEGO AVE STE 202 SAN DIEGO, CA 921102908	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM DOGS 3639 MIDWAY DRIVE 376 SAN DIEGO, CA 921105254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS SAN DIEGO 6632 CONVOY CT SAN DIEGO, CA 921111009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ALZHEIMERS DISEASE AND RELATED DISO 6632 CONVOY CT SAN DIEGO, CA 921111009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUERS WITHOUT BORDERS INC 2750 WHEATSTONE ST SPC 134 SAN DIEGO, CA 921115449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG STREET SAN DIEGO, CA 921115798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG STREET SAN DIEGO, CA 921115798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCIS PARKER SCHOOL 6501 LINDA VISTA RD SAN DIEGO, CA 921117321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FRANCIS PARKER SCHOOL 6501 LINDA VISTA RD SAN DIEGO, CA 921117321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE NEIGHBORHOOD HOUSE ASSN 5660 COPLEY DRIVE SAN DIEGO, CA 921117902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
SAN DIEGO SOCIETY OF NATURAL HISTOR PO BOX 121390 SAN DIEGO, CA 921121390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD GLOBE THEATREPO BOX 122171 SAN DIEGO, CA 921122171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SAN DIEGO SECOND CHANCE PROGRAM 6145 IMPERIAL AVE SAN DIEGO, CA 921144213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAN DIEGO SECOND CHANCE PROGRAM 6145 IMPERIAL AVE SAN DIEGO, CA 921144213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVERSIONARY THEATRE PRODUCTIONS IN 4545 PARK BLVD STE 101 SAN DIEGO, CA 921162668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
YOUNG LIONS JAZZ CONSERVATORY 4454 FELTON ST SAN DIEGO, CA 921164514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OUT OF THE BOAT SWIM 6828 HYDE PARK DR SAN DIEGO, CA 921194202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PL SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	605
INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SUITE 1H SAN DIEGO, CA 921204309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5665 OBERLIN DR STE 106 SAN DIEGO, CA 921211739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORT THE ENLISTED PROJECT INC 7128 MIRAMAR RD STE 11A SAN DIEGO, CA 921212389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FEEDING SAN DIEGO 9455 WAPLES STREET STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
PTA CALIFORNIA CONGRESS OF PARENTS 6949 GENESEE AVE SAN DIEGO, CA 921222455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 6949 GENESEE AVE SAN DIEGO, CA 921222455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 921230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 921230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 921230000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SOUTHERN REGIONAL RESOURCE CENTER 3675 RUFFIN RD STE 230 SAN DIEGO, CA 921231835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RADY CHILDRENS HOSPITAL-SAN DIEGO 3020 CHILDRENS WAY MC 5005 SAN DIEGO, CA 921234282	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADY CHILDRENS HOSPITAL FOUNDATION- 3020 CHILDRENS WAY MAILCODE 5005 SAN DIEGO, CA 921234282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JEWISH FEDERATION OF SAN DIEGO COUN 4950 MURPHY CANYON RD SAN DIEGO, CA 921234900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROMISES2KIDS FOUNDATION 9400 RUFFIN CT A SAN DIEGO, CA 921235300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISES2KIDS FOUNDATION 9400 RUFFIN CT A SAN DIEGO, CA 921235300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PROMISES2KIDS FOUNDATION 9400 RUFFIN CT A SAN DIEGO, CA 921235300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROMISES2KIDS FOUNDATION 9400 RUFFIN CT A SAN DIEGO, CA 921235300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMED SERVICES YMCA OF THE USA 3293 SANTO RD SAN DIEGO, CA 921243340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FERAL CAT COALITION 9528 MIRAMAR RD PMB 160 SAN DIEGO, CA 921264533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
D39C COLLABORATIVE 17050 DEL SUR RIDGE RD SAN DIEGO, CA 921274463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	539
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO BERNARDO HIGH SCHOOL FOUNDAT 13010 PASEO LUCIDO SAN DIEGO, CA 921284478	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
THRIVE ANIMAL RESCUE INC 13875 OLD EL CAMINO REAL SAN DIEGO, CA 921303028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 9929 HIBERT ST STE A SAN DIEGO, CA 921311079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER OF LOVE FOUNDATION 11626 ALDERIDGE LN SAN DIEGO, CA 921313715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
POWER OF LOVE FOUNDATION 11626 ALDERIDGE LN SAN DIEGO, CA 921313715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAN DIEGO RESCUE MISSION INC PO BOX 80427 SAN DIEGO, CA 921380427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF S C P A2425 DUSK DR SAN DIEGO, CA 921392412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 921828035	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,600
PASTOR OF ST JOHN THE EVANGELIST CA PO BOX 85728 SAN DIEGO, CA 921865728	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTERCARE PROVIDERS OF SAN DIEGO PO BOX 927068 SAN DIEGO, CA 921927068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE GIRLFRIEND FACTOR 77734 COUNTRY CLUB DR STE E PALM DESERT, CA 922110454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOVE FOR KITUI INC 555 NORTHWOOD AVE BANNING, CA 922205276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIDDEN HARVEST CORPORATION PO BOX 266 COACHELLA, CA 922360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
COVE COMMUNITIES YOUTH SOCCER ASSOC PO BOX 10028 PALM DESERT, CA 922550028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DESERTARC73 255 COUNTRY CLUB DR PALM DESERT, CA 922602309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN F KENNEDY MEMORIAL FOUNDATION 73555 SAN GORGONIO WAY PALM DESERT, CA 922603549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
GUIDE DOGS OF THE DESERT 60735 DILLON RD WHITEWATER, CA 922823014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
INLAND EMPIRE FUTURE LEADERS PROGRA 23170 VISTA GRANDE WAY GRAND TERRACE, CA 923134938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN COMMUNITIES BOYS AND GIRLS PO BOX 2228 CRESTLINE, CA 923252228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
MOUNTAIN COMMUNITIES BOYS AND GIRLS PO BOX 2228 CRESTLINE, CA 923252228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
MOUNTAIN COMMUNITIES BOYS AND GIRLS PO BOX 2228 CRESTLINE, CA 923252228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRANK NIGRO COLUMBIAN FOUNDATION SU 15808 ARROW BLVD STE A FONTANA, CA 923351253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
RIM OF THE WORLD EDUCATIONAL FOUNDA PO BOX 2151 LAKE ARROWHEAD, CA 923522151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
ENTREAMIGOSPO BOX 3231 LK ARROWHEAD, CA 923523231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH AND DEVELOPMENT SERVICES INT PO BOX 1805 LOMA LINDA, CA 923540529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF REDLANDS 1200 E COLTON AVE REDLANDS, CA 923743755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YUCAIPA VALLEY ANIMAL PLACEMENT SOC PO BOX 199 YUCAIPA, CA 923990199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
YUCAIPA VALLEY ANIMAL PLACEMENT SOC PO BOX 199 YUCAIPA, CA 923990199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YUCAIPA VALLEY ANIMAL PLACEMENT SOC PO BOX 199 YUCAIPA, CA 923990199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDWIDE MARRIAGE ENCOUNTER 2210 E HIGHLAND AVE STE 106 SAN BERNARDINO, CA 924044666	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PKWY SAN BERNARDINO, CA 924072318	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY ACTION PARTNERSHIP OF SAN 696 SOUTH TIPPECANOE AVENUE SAN BERNARDINO, CA 924082607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ULTIMATE DREAMS INC 972 N ARROWHEAD AVE SN BERNRDNO, CA 924103610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SPRINGBOARD NON-PROFIT CONSUMER CRE 4351 LATHAM STREET RIVERSIDE, CA 925011749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
RIVERS & LANDS CONSERVANCY 4075 MISSION INN AVE RIVERSIDE, CA 925013204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIVIL RIGHTS INSTITUTE OF SOUTHERN 3933 MISSION INN AVENUE RIVERSIDE, CA 925021068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
FAIR HOUSING COUNCIL OF RIVERSIDE C PO BOX 1068 RIVERSIDE CA 92502 RIVERSIDE, CA 925021068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SUNSHINE S HAVEN2594 HARRISON ST RIVERSIDE, CA 925036254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 925041159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 7177 BROCKTON AVE STE 108 RIVERSIDE, CA 925062632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RIVERSIDE POLICE OFFICERS ASSOCIATI 1965 CHICAGO AVE STE B RIVERSIDE, CA 925072370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE ANIMAL SANCTUARY PO BOX 902 LAKE ELSINORE, CA 925310902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW LIFE ANIMAL SANCTUARY PO BOX 902 LAKE ELSINORE, CA 925310902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GOLDEN CARROT 44700 TERWILLIGER RD ANZA, CA 925398927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDYLLWILD HELP CENTERPO BOX 660 IDYLLWILD, CA 925490660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
IDYLLWILD HELP CENTERPO BOX 660 IDYLLWILD, CA 925490660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
A PLACE FOR ALL PIECES 27775 BOTTLE BRUSH WAY MURRIETA, CA 925622548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM MUSCLE MAKERS FOR UCMD 42692 MEADOWLARK RDG MURRIETA, CA 925626273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
TEAM MUSCLE MAKERS FOR UCMD 42692 MEADOWLARK RDG MURRIETA, CA 925626273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
OAK GROVE INSTITUTE FOUNDATION INC 24275 JEFFERSON AVENUE MURRIETA, CA 925627285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK GROVE INSTITUTE FOUNDATION INC 24275 JEFFERSON AVENUE MURRIETA, CA 925627285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
OAK GROVE INSTITUTE FOUNDATION INC 24275 JEFFERSON AVENUE MURRIETA, CA 925627285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
HOPES COMMUNITY CLOSET 40236 ROSEWOOD ST MURRIETA, CA 925634060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF SOUTHWEST COUN PO BOX 892349 TEMECULA, CA 925892349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
BOYS & GIRLS CLUB OF SOUTHWEST COUN PO BOX 892349 TEMECULA, CA 925892349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
BOYS & GIRLS CLUB OF SOUTHWEST COUN PO BOX 892349 TEMECULA, CA 925892349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REALITY RALLY INC41893 NIBLICK RD TEMECULA, CA 925913924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MAKE- A- WISH FOUNDATION OF AMERICA 3230 EL CAMINO REAL SUITE 100 IRVINE, CA 926021389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALDERWOOD ELEMENTARY 2005 KNOLLCREST IRVINE, CA 926033308	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINERS CHURCH 5001 NEWPORT COAST DR IRVINE, CA 926030164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FEDERATION AND FAMILY SERVIC 1 FEDERATION WAY STE 210 IRVINE, CA 926030174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
NURU INTERNATIONAL 5405 ALTON PKWY STE A-474 IRVINE, CA 926043717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
NURU INTERNATIONAL 5405 ALTON PKWY STE A-474 IRVINE, CA 926043717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODBRIDGE CHORAL BOOSTERS 2 MEADOWBROOK IRVINE, CA 926044726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SOUTH COAST LITERACY COUNCIL INC PO BOX 295 LAKE FOREST, CA 926090295	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SHELTER PROVIDERS OF ORANGE COUNTY 17744 SKY PARK CIR STE 170 IRVINE, CA 926144441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110,000
PACIFIC SYMPHONY 17620 FITCH AVE SUITE 100 IRVINE, CA 926146081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS SERVICES FOUNDATION ORANGE COU 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 926146482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AIDS SERVICES FOUNDATION ORANGE COU 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 926146482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AIDS SERVICES FOUNDATION ORANGE COU 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 926146482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMBOREE HOUSING CORPORATION 17701 COWAN AVENUE SUITE 200 IRVINE, CA 926146840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
WESTIE RESCUE OF ORANGE COUNTY & BE PO BOX 5006 HUNTINGTN BCH, CA 926155006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EDISON HIGH SCHOOL SOFTBALL CLUB PO BOX 5353 HUNTINGTN BCH, CA 926155353	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	273
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 100 THEORY SUITE 250 IRVINE, CA 926173210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
PTA CALIFORNIA CONGRESS OF PARENTS 29 CHRISTAMON WEST IRVINE, CA 926201829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
KANNADA KALI 6 TICONDEROGA IRVINE CA 92620 IRVINE, CA 926202558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE SOMEBUNNY RABBIT RESCUE INC 63 CAPE COD IRVINE, CA 926202713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAVE SOMEBUNNY RABBIT RESCUE INC 63 CAPE COD IRVINE, CA 926202713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TELUGU ASSOCIATION OF SOUTHERN CALI 76 PLUM FEATHER IRVINE, CA 926203100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF SOUTHERN CALI 76 PLUM FEATHER IRVINE, CA 926203100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PTA CALIFORNIA CONGRESS OF PARENTS 155 VISIONS IRVINE, CA 926203682	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
SURFERS HEALING FOUNDATION INC 26791 CALLE MARIA CAPO BEACH, CA 926241504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 3101 PACIFIC VIEW DR CORONA DL MAR, CA 926251108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	692
HARBOR VIEW PARENT-FACULTY ORGANIZA 900 GOLDENROD AVE CORONA DL MAR, CA 926251503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	825
THE OBRIA GROUP INC 3334 E COAST HWY STE 612 CORONA DEL MAR, CA 926252328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,000
KNOTS-OF-LOVE INC 2973 HARBOR BLVD 822 COSTA MESA, CA 926263912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
KNOTS-OF-LOVE INC 2973 HARBOR BLVD 822 COSTA MESA, CA 926263912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOTS-OF-LOVE INC 2973 HARBOR BLVD 822 COSTA MESA, CA 926263912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
DAVIS MAGNET SCHOOL EDUCATION FOUND 1050 ARLINGTON DR COSTA MESA, CA 926265626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SERVING PEOPLE IN NEED INC 151 KALMUS DR STE H-2 COSTA MESA, CA 926265969	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVING PEOPLE IN NEED INC 151 KALMUS DR STE H-2 COSTA MESA, CA 926265969	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVE COSTA MESA, CA 926273653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVE COSTA MESA, CA 926273653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH COAST REPERTORY INC 655 TOWN CENTER DRIVE COSTA MESA, CA 926282197	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SOUTH COAST REPERTORY INC 655 TOWN CENTER DRIVE COSTA MESA, CA 926282197	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,294
SOUTH COAST REPERTORY INC 655 TOWN CENTER DRIVE COSTA MESA, CA 926282197	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISON HIGH SCHOOL LACROSSE BOOSTER 21400 MAGNOLIA STREET HUNTINGTON BEACH, CA 926467121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
US NAVAL SEA CADETS SEAL BEACH BATT 22102 ROCKPORT LN HUNTINGTN BCH, CA 926468435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ACADEMY YOUTH SERVICE ORGANIZATION 14401 WILLOW LN HUNTINGTON BH, CA 926472254	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AEROSPACE EDUCATION FOUNDATION OF H 6432 MUKAI CT HUNTINGTN BCH, CA 926476160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FIRST CHRISTIAN CHURCH OF H B 1207 MAIN ST HUNTINGTN BCH, CA 926482720	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ROBYNES NEST 412 OLIVE AVE NUM 164 HUNTINGTON BEACH, CA 926485142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FESTIVAL OF ARTS OF LAGUNA BEACH 650 LAGUNA CANYON RD LAGUNA BEACH, CA 926511837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SAWDUST FESTIVAL CORPORATION 935 LAGUNA CANYON RD LAGUNA BEACH, CA 926511840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
RESCUING UNWANTED FURRY FRIENDS PO BOX 1140 LAUGNA BEACH, CA 926521140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP SHELTER INCPO BOX 4252 LAGUNA BEACH, CA 926524252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD STE 101 LAGUNA HILLS, CA 926535509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HAITI SCHOLARSHIPSPO BOX 2096 LAGUNA HILLS, CA 926542096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 926602503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOMEAID AMERICA INC 7 UPPER NEWPORT PLZ STE 200 NEWPORT BEACH, CA 926602659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOMEAID AMERICA INC 7 UPPER NEWPORT PLZ STE 200 NEWPORT BEACH, CA 926602659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT BEACH BASEBALL ASSOCIATION 2618 SAN MIGUEL DR STE 212 NEWPORT BEACH, CA 926605437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANDERSEN DEANS FOUNDATION 1900 PORT SEABOURNE NEWPORT BEACH, CA 926606634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ANDERSEN DEANS FOUNDATION 1900 PORT SEABOURNE NEWPORT BEACH, CA 926606634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN WAYNE CANCER FOUNDATION 210 62ND STREET NEWPORT BEACH, CA 926632034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOHN WAYNE CANCER FOUNDATION 210 62ND STREET NEWPORT BEACH, CA 926632034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DOWN FOR DANCE6 BARLOVENTO CT NEWPORT BEACH, CA 926632358	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFICA CHRISTIAN HIGH SCHOOL-ORAN 883 W 15TH ST NEWPORT BEACH, CA 926632701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CAPISTRANO VALLEY CHRISTIAN SCHOOLS 32032 DEL OBISPO STREET SAN JUAN CAPISTRANO, CA 926753434	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 926751304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWORD 31726 RANCHO VIEJO RD STE 123 SAN JUAN CAPO, CA 926752780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOMEWORD 31726 RANCHO VIEJO RD STE 123 SAN JUAN CAPO, CA 926752780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
BOYS & GIRLS CLUB OF CAPISTRANO VAL 1 VIA POSITIVA SAN JUAN CAPO, CA 926754316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CHOICE PRESCHOOL-MCDOWELL 29028 ALOMA AVE LAGUNA NIGUEL, CA 926771504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS CHOICE PRESCHOOL-MCDOWELL 29028 ALOMA AVE LAGUNA NIGUEL, CA 926771504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
LNES FOUNDATION 27922 NIGUEL HEIGHTS BLVD LAGUNA NIGUEL, CA 926777204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION HOSPITAL REGIONAL MEDICAL C 27700 MEDICAL CENTER RD MISSION VIEJO, CA 926910000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
PTA CALIFORNIA CONGRESS OF PARENTS 24071 CARRILLO DR MISSION VIEJO, CA 926914222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MISSION HOSPITAL REGIONAL MEDICAL C 27700 MEDICAL CENTER RD MISSION VIEJO, CA 926916426	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADDLEBACK COLLEGE FOUNDATION 28000 MARGUERITE PKWY MISSION VIEJO, CA 926923635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CATHOLIC CHARITIES OF ORANGE COUNTY 1820 E 16TH ST SANTA ANA, CA 927013112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,250
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,400
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
VILLA CENTER INC910 N FRENCH ST SANTA ANA, CA 927013720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILD GUIDANCE CENTER INC 525 CABRILLO PARK DRIVE STE 300 SANTA ANA, CA 927015017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS FASTPITCH - SANTA ANA PO BOX 144 SANTA ANA, CA 927020144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONCERN AMERICAPO BOX 1790 SANTA ANA, CA 927021790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
LOWELL ELEMENTARY 700 SOUTH FLOWER ST SANTA ANA, CA 927034896	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF ORANGE COUNT 410 N FAIRVIEW ST SANTA ANA, CA 927033412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
KIDWORKS COMMUNITY DEVELOPMENT CORP 1902 W CHESTNUT AVE SANTA ANA, CA 927034304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COURT APPOINTED SPECIAL ADVOCATE 1505 E 17TH ST SUTE 214 SANTA ANA, CA 927050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATE 1505 E 17TH ST SUTE 214 SANTA ANA, CA 927050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OLIVE CREST ABUSED CHILDRENS FOUNDA 2130 E FOURTH ST STE 200 SANTA ANA, CA 927053818	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,001
HABITAT FOR HUMANITY INTERNATIONAL 2200 RITCHEY ST SANTA ANA, CA 927055308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2200 RITCHEY ST SANTA ANA, CA 927055308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ORANGEWOOD FOUNDATION 1575 E 17TH STREET SANTA ANA, CA 927058506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 927062727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 927062727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 927062727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WISEPLACE1411 N BROADWAY SANTA ANA, CA 927063904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISEPLACE1411 N BROADWAY SANTA ANA, CA 927063904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOPETODAYPO BOX 8762 FOUNTAIN VALLEY, CA 927288762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GRACE HARBOR CHURCH AND SCHOOL 12881 NEWPORT AVE TUSTIN, CA 927802711	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUSTIN AREA COUNCIL FOR THE FINE AR PO BOX 145 TUSTIN, CA 927810145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TUSTIN AREA COUNCIL FOR THE FINE AR PO BOX 145 TUSTIN, CA 927810145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
COMMUNITY SENIORSERV INC 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 928011309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SENIORSERV INC 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 928011309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY SENIORSERV INC 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 928011309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPERATION UNDERGROUND RAILROAD INC 700 N VALLEY ST STE B ANAHEIM, CA 928013824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION UNDERGROUND RAILROAD INC 700 N VALLEY ST STE B ANAHEIM, CA 928013824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATS IN TOW RESCUE & SANCTUARY INC 1835 S MANCHESTER AVE SPC 114 ANAHEIM, CA 928023829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATS IN TOW RESCUE & SANCTUARY INC 1835 S MANCHESTER AVE SPC 114 ANAHEIM, CA 928023829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS BASEBALL FOUNDATION INC 2000 E GENE AUTRY WAY ANAHEIM, CA 928066143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,000
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD SUITE 157 ANAHEIM, CA 928081962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACEWORKS HOPE NETWORK FOR CHILDRE PO BOX 1239 ANAHEIM, CA 928151239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
BREA COUNTRY HILLS ELEMENTARY 150 NORTH ASSOCIATED RD BREA, CA 928214669	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CHRIST LUTHERAN CHURCH 820 W IMPERIAL HWY BREA, CA 928213808	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROY GIRLS BASKETBALL BOOSTER CLUB 1519 E CHAPMAN AVE NUM 190 FULLERTON, CA 928314013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CAL STATE FULLERTON PHILANTHROPIC F 2600 NUTWOOD AVE STE 850 FULLERTON, CA 928315455	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
PTA CALIFORNIA CONGRESS OF PARENTS 1350 STARBUCK ST FULLERTON, CA 928335668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST EVANGELICAL FREE CHURCH 2801 BREA BLVD FULLERTON, CA 928352755	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
ST JUDE MEMORIAL FOUNDATION UNITED 1440 N HARBOR BLVD STE 200 FULLERTON, CA 928354115	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
BUDDHIST SOCIAL SERVICES CENTER 10502 ORANGEWOOD AVE GARDEN GROVE, CA 928401602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL ASSISTANCE PROGRAM FOR VIETN 12881 KNOTT ST STE 116 GARDEN GROVE, CA 928413945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC PO BOX 2075 GARDEN GROVE, CA 928422075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AINAHAU O KALEPONI HAWAIIAN CIVIC C 12534 VALLEY VIEW ST 343 GARDEN GROVE, CA 928452006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION MINISTRIES 3966 CORONA AVE NORCO, CA 928601413	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
ALZHEIMERS ORANGE COUNTY 2540 N SANTIAGO BLVD ORANGE, CA 928671862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE CHARITIES OF 383 SOUTH BATAVIA ST ORANGE, CA 928683904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 383 SOUTH BATAVIA ST ORANGE, CA 928683904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
MARIPOSA WOMEN AND FAMILY CENTER 812 W TOWN COUNTRY ROAD ORANGE, CA 928684712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EL DORADO HIGH SCHOOL BAND BOOSTERS 1651 VALENCIA AVE PLACENTIA, CA 928703030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALENCIA INSTRUMENTAL PARENTS INC 500 N BRADFORD PLACENTIA, CA 928704844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WITH HOPE THE AMBER CRAIG MEMORIAL PO BOX 550 PLACENTIA, CA 928710550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
CORONA NATIONAL LITTLE LEAGUE INC PO BOX 78356 CORONA, CA 928770145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORONA NATIONAL LITTLE LEAGUE INC PO BOX 78356 CORONA, CA 928770145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CORONA-NORCO UNITED WAY PO BOX 1809 CORONA, CA 928781809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
USA HOMEOWNERSHIP FOUNDATION INC 462 CORONA MALL STE 102 CORONA, CA 928791456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEPPERMINT RIDGE825 MAGNOLIA AVE CORONA, CA 928793129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EASTVALE GIRLS SOFTBALL ASSOCIATION 12672 LIMONITE STE 3E-187 CORONA, CA 928804201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CORONA NORCO SETTLEMENT HOUSE INC 507 S VICENTIA AVE CORONA, CA 928822149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRE LIFE SKILLS TRAINING INC 2279 EAGLE GLEN PKWY 112-131 CORONA, CA 928830790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YLMS CHOIR BOOSTERS INC 4777 CASA LOMA AVE YORBA LINDA, CA 928863302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CABRILLO ECONOMIC DEVELOPMENT CORP 702 COUNTY SQUARE DRIVE VENTURA, CA 930035450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY JEWISH COUNCIL 7620 FOOTHILL RD VENTURA, CA 930041125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 509 E DAILY DR CAMARILLO, CA 930105820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 509 E DAILY DR CAMARILLO, CA 930105820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 509 E DAILY DR CAMARILLO, CA 930105820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 509 E DAILY DR CAMARILLO, CA 930105820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 509 E DAILY DR CAMARILLO, CA 930105820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMARILLO JUBILEE CHURCH INC PO BOX 777 CAMARILLO, CA 930110777	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CASA OF VENTURA COUNTY INC PO BOX 1135 CAMARILLO, CA 930111135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NAMI-VENTURA COUNTYPO BOX 1613 CAMARILLO, CA 930111613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS COLINAS MIDDLE 5750 FIELDCREST DR CAMARILLO, CA 930124303	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD STE I CAMARILLO, CA 930125121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	386
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD STE I CAMARILLO, CA 930125121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD STE I CAMARILLO, CA 930125121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
VENTURA COUNTY FIRE DEPARTMENT BENE 3251 CORTE MALPASO CAMARILLO, CA 930128092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VENTURA COUNTY FIRE DEPARTMENT BENE 3251 CORTE MALPASO CAMARILLO, CA 930128092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AREA CHRISTIANS TAKING INITIATIVEON 4001 MISSION OAKS BLVD SUITE S CAMARILLO, CA 930128504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CASA PACIFICA CENTERS FOR CHILDREN 1722 S LEWIS ROAD CAMARILLO, CA 930128520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CASA PACIFICA CENTERS FOR CHILDREN 1722 S LEWIS ROAD CAMARILLO, CA 930128520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY CHANNEL 1 UNIVERSITY DR CAMARILLO, CA 930128599	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
LOU GRANT PARENT-CHILD WORKSHOP 5400 6TH ST CARPINTERIA, CA 930132494	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
CATE SCHOOLPO BOX 5005 CARPINTERIA, CA 930145005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATE SCHOOLPO BOX 5005 CARPINTERIA, CA 930145005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
CATE SCHOOLPO BOX 5005 CARPINTERIA, CA 930145005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FILLMORE SEARCH AND RESCUE PO BOX 296 FILLMORE, CA 930160296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILLMORE SEARCH AND RESCUE PO BOX 296 FILLMORE, CA 930160296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALL FOR LOVE ANIMAL RESCUE INC 137 W EL ROBLAR DR OJAI, CA 930232208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE THACHER SCHOOL 5025 THACHER RD OJAI, CA 930239001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,850
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE THACHER SCHOOL 5025 THACHER RD OJAI, CA 930239001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
HUMANE SOCIETY OF VENTURA COUNTY PO BOX 297 OJAI, CA 930240297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 930311637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PIRU NEIGHBORHOOD COUNCIL INC PO BOX 162 PIRU, CA 930400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF SANTA CLARA PO BOX 152 SANTA PAULA, CA 930610152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMI VALLEY YOUTH SOCCER LEAGUE PO BOX 81 SIMI VALLEY, CA 930620081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WHITE OAK ELEMENTARY 2201 ALSCOTT AVE SIMI VALLEY, CA 930633809	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
SANTA SUSANA PERFORMING ARTS BOOSTE 3570 COCHRAN ST SIMI VALLEY, CA 930632525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO SIMI FOUNDATION 6503 KATHERINE RD SIMI VALLEY, CA 930634786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MADERA ELEMENTARY250 ROYAL AVE SIMI VALLEY, CA 930654128	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
SINALOA MIDDLE601 ROYAL AVE SIMI VALLEY, CA 930654346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINALOA MIDDLE601 ROYAL AVE SIMI VALLEY, CA 930654346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
HILLSIDE MIDDLE 2222 EAST FITZGERALD RD SIMI VALLEY, CA 930654936	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
MOUNTAIN VIEW ELEMENTARY 2925 FLETCHER AVE SIMI VALLEY, CA 930655270	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW ELEMENTARY 2925 FLETCHER AVE SIMI VALLEY, CA 930655270	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
HOLLOW HILLS ELEMENTARY 828 GIBSON AVE SIMI VALLEY, CA 930655665	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
HOLLOW HILLS ELEMENTARY 828 GIBSON AVE SIMI VALLEY, CA 930655665	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,280
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	781
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	398
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
SIMI VALLEY LACROSSE CLUB 525 COUNTRY CLUB DRIVE SUITE C SIMI VALLEY, CA 930650638	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2350 GREENSWARD ST SIMI VALLEY, CA 930651430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ROYAL BASEBALL CLUB 1464 MADERA ROAD N131 SIMI VALLEY, CA 930653077	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
FOREVER FOUND 1464 MADERA ROAD 158 SIMI VALLEY, CA 930653077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,690
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROYAL HIGH BAND BOOSTERS 1402 ROYAL AVE SIMI VALLEY, CA 930653333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 2925 FLETCHER ST SIMI VALLEY, CA 930655270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROOSEVELT ELEMENTARY EDUCATIONAL FO 1990 LAGUNA ST SANTA BARBARA, CA 931011014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOSEVELT ELEMENTARY EDUCATIONAL FO 1990 LAGUNA ST SANTA BARBARA, CA 931011014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 931017402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PATHPOINT 315 W HALEY STREET STE 202 SANTA BARBARA, CA 931018052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANTA BARBARA COTTAGE HOSPITAL FOUN PO BOX 689 SANTA BARBARA, CA 931020689	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 931031809	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SANTA BARBARA CHANNEL KEEPER 714 BOND AVE SANTA BARBARA, CA 931033131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANTA BARBARA CHANNEL KEEPER 714 BOND AVE SANTA BARBARA, CA 931033131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SANTA BARB 2221B CHEADLE HALL SANTA BARBARA, CA 931062013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF CALIFORNIA SANTA BARB 2221B CHEADLE HALL SANTA BARBARA, CA 931062013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
UNIVERSITY OF CALIFORNIA SANTA BARB 2221B CHEADLE HALL SANTA BARBARA, CA 931062013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 931081059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MONTECITO EDUCATIONAL FOUNDATION 385 SAN YSIDRO RD SANTA BARBARA, CA 931082131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 931082899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR SANTA BARBARA CI 721 CLIFF DRIVE SANTA BARBARA, CA 931092312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BISHOP GARCIA DIEGO HIGH SCHOOL INC 4000 LA COLINA RD SANTA BARBARA, CA 931101412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SAN MARCOS HIGH SCHOOL ATHLETIC BOO 4750 HOLLISTER AVE SANTA BARBARA, CA 931101921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GOLETA VALLEY LIBRAR P O BOX 635 GOLETA, CA 931160635	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CHABAD OF S BARBARA INC 6047 STOW CANYON RD GOLETA, CA 931171706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
TGP INTERNATIONALPO BOX 31134 SANTA BARBARA, CA 931301134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING TR FUND OF SANTA BARBARA CO PO BOX 60909 SANTA BARBARA, CA 931600909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SANTA BARBARA POLICE ACTIVITIES LEA PO BOX 91121 SANTA BARBARA, CA 931901121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SANTA BARBARA POLICE ACTIVITIES LEA PO BOX 91121 SANTA BARBARA, CA 931901121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS COMMUNITY ACTION ORGANIZATION 1130 N 11TH AVE HANFORD, CA 932303608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PORTERVILLE ROTARY CLUB FOUNDATION 831 W MORTON AVE PORTERVILLE, CA 932573184	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SANGER YOUTH FOOTBALL 4606 W CALDWELL AVE APT D VISALIA, CA 932779346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY TRAILS RIDING ACADEMY PO BOX 572 VISALIA, CA 932790572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HAPPY TRAILS RIDING ACADEMY PO BOX 572 VISALIA, CA 932790572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 848 VISALIA, CA 932790848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICES OF TULARE COUNTY 815 W OAK AVE VISALIA, CA 932916033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SAINT PAULS SCHOOL 6101 W GOSHEN AVE VISALIA, CA 932919250	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BULA MINISTRIES 1220 E FEEMSTER AVE VISALIA, CA 932925025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS BAKERSFIELD 1416 17TH ST BAKERSFIELD, CA 933015214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
FOUNDATION OF ACTIVE 20 30 CLUB OF PO BOX 415 BAKERSFIELD, CA 933020415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION OF ACTIVE 20 30 CLUB OF PO BOX 415 BAKERSFIELD, CA 933020415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF ACTIVE 20 30 CLUB OF PO BOX 415 BAKERSFIELD, CA 933020415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
TIGERFIGHT FOUNDATION 4208 ROSEDALE HWY STE 302 200 BAKERSFIELD, CA 933086173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CBCC FOUNDATION FOR COMMUNITY WELLN 6501 TRUXTUN AVE BAKERSFIELD, CA 933090633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL STATE BAKERSFIELD FOUNDATION 9001 STOCKDALE HWY BAKERSFIELD, CA 933111022	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
BOYS CLUBS OF BAKERSFIELD PO BIN 5J BAKERSFIELD, CA 933850009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
OLD MISSION SCHOOL 761 BROAD STREET SAN LUIS OBISPO, CA 934012228	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD MISSION SCHOOL 761 BROAD STREET SAN LUIS OBISPO, CA 934012228	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	380
FAMILY CARE NETWORK INC 1255 KENDALL ROAD SAN LUIS OBISPO, CA 934011577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED CEREBRAL PALSY OF SAN LUIS O 3620 SACRAMENTO DRIVE STE 2 SAN LUIS OBISPO, CA 934017215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION COMMUNITY SERVICES CORPORAT 71 ZACA LANE - SUITE 130 SAN LUIS OBISPO, CA 934017300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LIFEWATER INC75 ZACA LN STE 100 SN LUIS OBISP, CA 934017302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LIFEWATER INC75 ZACA LN STE 100 SN LUIS OBISP, CA 934017302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEWATER INCP O BOX 3131 SN LUIS OBISPO, CA 934033131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTRAL COAST WOMENS LEAGUE PO BOX 4408 SN LUIS OBISP, CA 934034408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR THE PERFORMING ARTS P O BOX 1137 SAN LUIS OBISPO, CA 934061137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATASCADERO LOAVES AND FISHES 5411 EL CAMINO REAL ATASCADERO, CA 934223355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TRANSITIONAL FOOD AND SHELTER INC PO BOX 4471 PASO ROBLES, CA 934474471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
5CITIES HOMELESS COALITION PO BOX 558 GROVER BEACH, CA 934830558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAMMOTH LAKES FIREFIGHTERS FOUNDATI PO BOX 1808 MAMMOTH LAKES, CA 935461808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 935467275	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	575
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 935467275	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,490
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTSIDE K-9PO BOX 8043 MAMMOTH LAKES, CA 935468043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
EASTSIDE K-9PO BOX 8043 MAMMOTH LAKES, CA 935468043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
MARLEYS MUTTS DOG RESCUE 785 TUCKER RD SUITE G 411 TEHACHAPI, CA 935618574	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARLEYS MUTTS DOG RESCUE 785 TUCKER RD SUITE G 411 TEHACHAPI, CA 935618574	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,187
MARLEYS MUTTS DOG RESCUE 785 TUCKER RD SUITE G 411 TEHACHAPI, CA 935618574	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KINGSBURG CANCER VOLUNTEERS INC 2152 AVENUE 396 KINGSBURG, CA 936319115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1421 LOS BANOS, CA 936351421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1421 LOS BANOS, CA 936351421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
VALLEY CHILDRENS HEALTHCARE FOUNDAT 9300 VALLEY CHILDRENS PL MADERA, CA 936368761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368762	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
MADERA COUNTY FOOD BANK 225 S PINE ST STE 101 MADERA, CA 936375223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BADGER BASEBALL BOOSTERS PO BOX 3139 OAKHURST, CA 936443139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAVER LAKE CIVIC LEAGUE INC PO BOX 96 SHAVER LAKE, CA 936640096	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL SIERRA HISTORICAL SOCIETY & PO BOX 617 SHAVER LAKE, CA 936640617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,115
LIVE AGAIN FRESNO MINISTRIES 161 N VAN NESS AVE FRESNO, CA 937011671	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI BETA PSI SORORITY 420 N SIERRA VISTA AVE FRESNO, CA 937022622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRESNO UNITED NEIGHBORHOODS 1515 E DIVISADERO ST FRESNO, CA 937211115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO UNITED NEIGHBORHOODS 1515 E DIVISADERO ST FRESNO, CA 937211115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MARJAREE MASON CENTER INC 1600 M ST FRESNO, CA 937211122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRESNO COMMUNITY DEVELOPMENT FINANC 1920 MARIPOSA MALL SUITE 330 FRESNO, CA 937212504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR CENTRAL SCHOOLS 4605 N POLK AVE FRESNO, CA 937225334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
F O O D INC4010 E HARDY AVENUE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
F O O D INC4010 E HARDY AVENUE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F O O D INC3403 E CENTRAL AVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
F O O D INC4010 E HARDY AVENUE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
F O O D INC4010 E HARDY AVENUE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUME LAKE CHRISTIAN CAMPS INC 5545 E HEDGES AVE FRESNO, CA 937272223	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FRESNO COUNTY 4949 E KINGS CANYON ROAD FRESNO, CA 937273812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET 5 SALINAS, CA 939011400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET 5 SALINAS, CA 939011400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN ST STE 107 STE 1 SALINAS, CA 939012400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE MONTEREY COUNTY 450 LINCOLN AVE STE 203 SALINAS, CA 939012652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MONTEREY COUNTY LAND WATCH PO BOX 1876 SALINAS, CA 939021876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SALINAS VALLEY MEMORIAL HOSPITAL FO PO BOX 4760 SALINAS, CA 939124760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMBER MUSIC MONTEREY BAY PO BOX 221458 CARMEL, CA 939221458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CARMEL COMMUNITY GIRLS SOFTBALL INC PO BOX 222992 CARMEL, CA 939222992	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,300
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	739
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	248
CALIFORNIA MARINE SANCTUARY FOUNDAT 99 PACIFIC STREET SUITE 455 A MONTEREY, CA 939402497	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG SUR LAND TRUST509 HARTNELL ST MONTEREY, CA 939402825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPHINE KERNES MEMORIAL POOL 15 PORTOLA AVE MONTEREY, CA 939403731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MONTEREY COUNTY POPS INC PO BOX 3352 MONTEREY, CA 939423352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GATEWAY CENTER OF MONTEREY COUNTY I 850 CONGRESS AVE PACIFIC GROVE, CA 939504811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL FRIENDS RESCUE PROJECT PO BOX 51083 PACIFIC GROVE, CA 939506083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
INTERNATIONAL SCHOOL OF MONTEREY FO 1720 YOSEMITE ST SEASIDE, CA 939553914	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE SUITE 2 SEASIDE, CA 939555359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIPRIANI ELEMENTARY 2525 BUENA VISTA BELMONT, CA 940021454	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
BURLINGAME HIGH SCHOOL PARENTS GROU 1 MANGINI WAY BURLINGAME, CA 940101904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
PARTNERS AND ADVOCATES FOR REMARKAB 800 AIRPORT BLVD SUITE 320 BURLINGAME, CA 940103210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DR BURLINGAME, CA 940104506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DR BURLINGAME, CA 940104506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HILLSBOROUGH BEAUTIFICATION FOUNDAT 1600 FLORIBUNDA AVENUE HILLSBOROUGH, CA 940106418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLINGAME LIONS CHARITIES INC PO BOX 206 BURLINGAME, CA 940110206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ROTARY SERVICE FUND OF BURLINGAME C PO BOX 313 BURLINGAME, CA 940110313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROTARY SERVICE FUND OF BURLINGAME C PO BOX 313 BURLINGAME, CA 940110313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY SERVICE FUND OF BURLINGAME C PO BOX 313 BURLINGAME, CA 940110313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MOMS AGAINST POVERTYPO BOX 4212 BURLINGAME, CA 940114212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ABS CBN FOUNDATION INTERNATIONAL 2001 JUNIPERO SERRA BLVD STE 200 DALY CITY, CA 940143886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA CREST SCHOOL INC 901 ARNOLD WAY HALF MOON BAY, CA 940192188	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
PANDEMONIUM AVIARIES 13468 THREE FORKS LN LOS ALTOS HLS, CA 940222432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
PENINSULA SYMPHONY OF NORTHERN CALI 146 MAIN ST 207 LOS ALTOS, CA 940222930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA SYMPHONY OF NORTHERN CALI 146 MAIN ST 207 LOS ALTOS, CA 940222930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
SEMPERVIRENS FUND 419 SOUTH SAN ANTONIO RD STE 211 LOS ALTOS, CA 940223640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOS ALTOS MOUNTAIN VIEW CHILDRENS C 97 HILLVIEW AVE LOS ALTOS, CA 940223740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL PO BOX 1146 LOS ALTOS, CA 940231146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL PO BOX 1146 LOS ALTOS, CA 940231146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION FOR MIND BEING RESEARCH 442 KNOLL DR LOS ALTOS, CA 940244731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAYMOND ELEMENTARY SCHOOL 1211 ARBOR ROAD MENLO PARK, CA 940254403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,725
ST RAYMOND ELEMENTARY SCHOOL 1211 ARBOR ROAD MENLO PARK, CA 940254403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBTRAIN INC1200 OBRIEN DRIVE MENLO PARK, CA 940251413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PENINSULA VOLUNTEERS INC 800 MIDDLE AVE MENLO PARK, CA 940255121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
MONGABAYORG CORPORATION PO BOX 291 MENLO PARK, CA 940260291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA BRIDGE PROGRAM PO BOX 963 MENLO PARK, CA 940260963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LAUREL SCHOOL PARENT TEACHER ORGANI 95 EDGE RD ATHERTON, CA 940272254	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SACRED HEART SCHOOLS ATHERTON 150 VALPARAISO AVE ATHERTON, CA 940274402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOLS ATHERTON 150 VALPARAISO AVE ATHERTON, CA 940274402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
MILLS HIGH400 MURCHISON DR MILLBRAE, CA 940303024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	275
ONE HIT AWAY FOUNDATION PO BOX 699 MILLBRAE, CA 940300699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 253 MARTENS AVE MOUNTAIN VIEW, CA 940403220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MOZILLA FOUNDATION 331 E EVELYN AVE MOUNTAIN VIEW, CA 940411530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MOZILLA FOUNDATION 331 E EVELYN AVE MOUNTAIN VIEW, CA 940411530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOZILLA FOUNDATION 331 E EVELYN AVE MOUNTAIN VIEW, CA 940411530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,669
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRITTENDEN MIDDLE1701 ROCK ST MOUNTAIN VIEW, CA 940433133	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
OMBUDSMAN SERVICES OF SAN MATEO COU 711 NEVADA ST REDWOOD CITY, CA 940611555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARIANA MAE HATAMI FOUNDATION 1067 EDEN BOWER LN REDWOOD CITY, CA 940611821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE LINK4125 WOODSIDE RD WOODSIDE, CA 940622546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 940623148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 940623148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 940623148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,490
REDWOOD CITY SEQUOIA AWARDS INC PO BOX 2355 REDWOOD CITY, CA 940642355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
LEGAL AID SOCIETY OF SAN MATEO CO 330 TWIN DOLPHIN DR STE 123 REDWOOD CITY, CA 940651455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMS IN BUSINESS COLLECTIVE 46 COVE LN REDWOOD CITY, CA 940655131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA WILDLIFE OFFICERS FOUNDA PO BOX 865 SAN CARLOS, CA 940700865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
VILLAGE ENTERPRISE FUND INC 751 LAUREL ST 222 SAN CARLOS, CA 940703113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MISSION1125 ROYAL LN SAN CARLOS, CA 940704278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 1901 WHITE OAK WAY SAN CARLOS, CA 940704747	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMERICAN CHINESE INTERNATIONAL CULT 512 CYPRESS AVE S SAN FRAN, CA 940802921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 906 W IOWA AVE SUNNYVALE, CA 940867569	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FREMONT UNION HIGH SCHOOLS FOUNDATI 589 W FREMONT AVE SUNNYVALE, CA 940872556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VIBHA INC HELP THEM GROW 1030 E EL CAMINO REAL SUNNYVALE, CA 940873759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BITSAA INTERNATIONAL INC 1560 SUNNYVALE SARATOGA ROAD SUNNYVALE, CA 940874597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
INDIA HERITAGE FOUNDATION 1235 REAMWOOD AVE SUNNYVALE, CA 940892226	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
DE MARILLAC ACADEMY 175 GOLDEN GATE AVENUE SAN FRANCISCO, CA 941023809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
640 HERITAGE PRESERVATION FOUNDATIO 640 SUTTER ST SAN FRANCISCO, CA 941021018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST 370 SAN FRANCISCO, CA 941022903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST 370 SAN FRANCISCO, CA 941022903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST 370 SAN FRANCISCO, CA 941022903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 941024509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 941024509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN ART MUSEUM FOUNDATION OF SAN 200 LARKIN ST SAN FRANCISCO, CA 941024734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
FRENCH AMERICAN INTERNATIONAL SCHOO 150 OAK STREET SAN FRANCISCO, CA 941025912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FRENCH AMERICAN INTERNATIONAL SCHOO 150 OAK STREET SAN FRANCISCO, CA 941025912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERA PARALLELE44 PAGE ST STE 400 SAN FRANCISCO, CA 941025975	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE ARC SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 941032525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FRAMELINE INC145 NINTH ST 300 SAN FRANCISCO, CA 941032636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMELINE INC145 NINTH ST 300 SAN FRANCISCO, CA 941032636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DANCERS GROUP 44 GOUGH ST SUITE 201 SAN FRANCISCO, CA 941032647	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
DANCERS GROUP 44 GOUGH ST SUITE 201 SAN FRANCISCO, CA 941032647	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL COMMUNITY SERVICES OF SAN 165 8TH ST SAN FRANCISCO, CA 941032726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,625
EPISCOPAL COMMUNITY SERVICES OF SAN 165 8TH ST SAN FRANCISCO, CA 941032726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
EPISCOPAL COMMUNITY SERVICES OF SAN 165 8TH ST SAN FRANCISCO, CA 941032726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTLINE DEFENSE PROJECT 1028 A HOWARD STREET SAN FRANCISCO, CA 941032865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
PRESIDIO KNOLLS SCHOOL INC 250 10TH ST SAN FRANCISCO, CA 941033811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
AIDS WALK SAN FRANCISCO FOUNDATION 273 9TH ST SAN FRANCISCO, CA 941033825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATTERY FOUNDATION387 TEHAMA ST SAN FRANCISCO, CA 941034113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BATTERY FOUNDATION387 TEHAMA ST SAN FRANCISCO, CA 941034113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAN FRANCISCO CHINATOWN LIONS CLUB 456 MONTGOMERY ST STE 700 SAN FRANCISCO, CA 941041240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMFED U S A FOUNDATION 465 CALIFORNIA ST STE 626 SAN FRANCISCO, CA 941041816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CAMFED U S A FOUNDATION 465 CALIFORNIA ST STE 626 SAN FRANCISCO, CA 941041816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMFED U S A FOUNDATION 465 CALIFORNIA ST STE 626 SAN FRANCISCO, CA 941041816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA TROUT FOUNDATION 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 941043219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NON-PROFIT HOUSING ASSOCIATION OF N 369 PINE STREET SUITE 350 SAN FRANCISCO, CA 941043308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SCLERODERMA RESEARCH FOUNDATION 220 MONTGOMERY STREET SUITE 484 SAN FRANCISCO, CA 941043402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL WOMENS ASSOCIATION OF SAN 268 BUSH STREET 2822 SAN FRANCISCO, CA 941043503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FINANCIAL WOMENS ASSOCIATION OF SAN 268 BUSH STREET 2822 SAN FRANCISCO, CA 941043503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUT & EQUAL 155 SANSOME ST STE 450 SAN FRANCISCO, CA 941043646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 101 MONTGOMERY ST STE 300 SAN FRANCISCO, CA 941044170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 101 MONTGOMERY ST STE 300 SAN FRANCISCO, CA 941044170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MARCH OF DIMES INC 101 MONTGOMERY ST STE 300 SAN FRANCISCO, CA 941044170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 101 MONTGOMERY ST STE 300 SAN FRANCISCO, CA 941044170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	201
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER SAN FRANCISCO PIER 28 STE 1 SAN FRANCISCO, CA 941050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TAX-AID 55 NEW MONTGOMERY STREET SUITE 500 SAN FRANCISCO, CA 941050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HEBREW FREE LOAN ASSOCIATION OF SAN 131 STEUART ST STE 520 SAN FRANCISCO, CA 941051240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 131 STEUART ST STE 425 SAN FRANCISCO, CA 941051240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,105
THE CLEAR FUND182 HOWARD ST 208 SAN FRANCISCO, CA 941051611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
THE CLEAR FUND182 HOWARD ST 208 SAN FRANCISCO, CA 941051611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEAR FUND182 HOWARD ST 208 SAN FRANCISCO, CA 941051611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
GENESYS WORKS101 2ND ST STE 500 SAN FRANCISCO, CA 941053646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GIANT COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 941072134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIANT COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 941072134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	343
ROTARY CLUB OF SAN FRANCISCO SOMA F 1459 18TH ST SAN FRANCISCO, CA 941072801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ROTARY CLUB OF SAN FRANCISCO SOMA F 1459 18TH ST SAN FRANCISCO, CA 941072801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYVIEW HUNTERS POINT CENTER FOR AR 2415 THIRD STREET SUITE 230 SAN FRANCISCO, CA 941073182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BAYVIEW HUNTERS POINT CENTER FOR AR 2415 THIRD STREET SUITE 230 SAN FRANCISCO, CA 941073182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NAMASTE FOUNDATION 229 BRANNAN ST UNIT 3A SAN FRANCISCO, CA 941074044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA DEPUTY SHERIFFS FOUNDATION 460 BRANNAN ST UNIT 77650 SAN FRANCISCO, CA 941077607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	11,770
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BRIDGE HOUSING CORPORATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 941082706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE HOUSING CORPORATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 941082706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BRIDGE HOUSING CORPORATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 941082706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 941085017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART CATHEDRAL PREPARATORY 1055 ELLIS STREET SAN FRANCISCO, CA 941097716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,575
SACRED HEART CATHEDRAL PREPARATORY 1055 ELLIS STREET SAN FRANCISCO, CA 941097716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
SACRED HEART CATHEDRAL PREPARATORY 1055 ELLIS STREET SAN FRANCISCO, CA 941097716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ON LOK SENIOR HEALTH SERVICE 1333 BUSH ST SAN FRANCISCO, CA 941095611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	991
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,055
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,080
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
KQED INC 2601 MARIPOSA ST ATTN MATCHING GIFTS SAN FRANCISCO, CA 941101426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARSH A BREEDING GROUND FOR NEW 1062 VALENCIA ST SAN FRANCISCO, CA 941102427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,430
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW DOOR VENTURES 3221 20TH STREET SAN FRANCISCO, CA 941102626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN FAMILY RESOURCE CENT 1294 POTRERO AVENUE SAN FRANCISCO, CA 941103570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ICA SAN FRANCISCO WORK STUDY INC 3625 24TH ST SAN FRANCISCO, CA 941103607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
ICA SAN FRANCISCO WORK STUDY INC 3625 24TH ST SAN FRANCISCO, CA 941103607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTAPLAST INTERNATIONAL INC 3317 26TH ST SAN FRANCISCO, CA 941104604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE JUSTICE AND DIVERSITY CENTER OF 301 BATTERY ST FL 3 SAN FRANCISCO, CA 941113237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
THE JUSTICE AND DIVERSITY CENTER OF 301 BATTERY ST FL 3 SAN FRANCISCO, CA 941113237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR URBAN EDUCATION ABOUT SU 1 FERRY BLDG STE 50 SAN FRANCISCO, CA 941114231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTER FOR URBAN EDUCATION ABOUT SU 1 FERRY BLDG STE 50 SAN FRANCISCO, CA 941114231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	418
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHILDRENS COUNCIL OF SAN FRANCISCO 445 CHURCH ST SAN FRANCISCO, CA 941141720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAVENDER YOUTH RECREATION AND INFOR 127 COLLINGWOOD STREET SAN FRANCISCO, CA 941142411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWN SCHOOL FOR BOYS 2750 JACKSON ST SAN FRANCISCO, CA 941151144	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,050
SCHOOLS OF THE SACRED HEART-SAN FRA 2222 BROADWAY ST SAN FRANCISCO, CA 941151240	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
SCHOOLS OF THE SACRED HEART-SAN FRA 2222 BROADWAY ST SAN FRANCISCO, CA 941151240	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOLS OF THE SACRED HEART-SAN FRA 2222 BROADWAY ST SAN FRANCISCO, CA 941151240	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
JUNIOR LEAGUE OF SAN FRANCISCO INC 2226A FILLMORE STREET SAN FRANCISCO, CA 941152222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF SAN FRANCISCO INC 2226A FILLMORE STREET SAN FRANCISCO, CA 941152222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREW SCHOOL2901 CALIFORNIA ST SAN FRANCISCO, CA 941152432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 941153206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 941153206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA TAIKO ARTS 1750 BUCHANAN ST SAN FRANCISCO, CA 941153209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FAMILY & CHILDRENS SERVICES POB 159004 SAN FRANCISCO, CA 941159004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 941161165	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSET ELEMENTARY1920 41ST AVE SAN FRANCISCO, CA 941164503	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
SUNSET ELEMENTARY1920 41ST AVE SAN FRANCISCO, CA 941164503	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
FULLNESS IN CHRIST FELLOWSHIP 945 TARAVAL ST 249 SAN FRANCISCO, CA 941162422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULLNESS IN CHRIST FELLOWSHIP 945 TARAVAL ST 249 SAN FRANCISCO, CA 941162422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
IGNATIAN CORPORATION SAINT IGNATIUS 2001 37TH AVENUE SAN FRANCISCO, CA 941169981	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
IGNATIAN CORPORATION SAINT IGNATIUS 2001 37TH AVENUE SAN FRANCISCO, CA 941169981	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS MEDICAL CENTER FOUNDATION 450 STANYAN ST SAN FRANCISCO, CA 941171019	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST LMR 118 SAN FRANCISCO, CA 941171080	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	630
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST LMR 118 SAN FRANCISCO, CA 941171080	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH OF PANHANDLE NEIGHBORHOOD ASS 1743 GROVE ST SAN FRANCISCO, CA 941171205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
BYTES FOR BITS1743 GROVE ST SAN FRANCISCO, CA 941171205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 941172017	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 941172017	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HENRY OHLHOFF HOUSE 601 STEINER ST SAN FRANCISCO, CA 941172509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO, CA 941173551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO, CA 941173551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDIO MIDDLE450 30TH AVE SAN FRANCISCO, CA 941211766	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
ALAMO ELEMENTARY250 23RD AVE SAN FRANCISCO, CA 941212009	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
AGAPE COMMUNITY CENTER 378 18TH AVE SAN FRANCISCO, CA 941212317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
JEFFERSON ELEMENTARY 1725 IRVING ST SAN FRANCISCO, CA 941221893	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YU (ALICE FONG) ELEMENTARY 1541 12TH AVE SAN FRANCISCO, CA 941223503	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	833
SOCCER WITHOUT BORDERS PO BOX 22186 SAN FRANCISCO, CA 941220186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	840
PTA CALIFORNIA CONGRESS OF PARENTS 1725 IRVING ST SAN FRANCISCO, CA 941221815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,417
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	833
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,721
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 3151 ORTEGA SAN FRANCISCO, CA 941224051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ST VINCENT DE PAUL SCHOOL 2350 GREEN STREET SAN FRANCISCO, CA 941234625	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL SCHOOL 2350 GREEN STREET SAN FRANCISCO, CA 941234625	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG NOW FOUNDATION 2 MARINA BLVD BLDG A SAN FRANCISCO, CA 941231284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 3630 DIVISADERO ST SAN FRANCISCO, CA 941231411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 3630 DIVISADERO ST SAN FRANCISCO, CA 941231411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARPER FOR KIDS 2920 BUCHANAN ST APT 9 SAN FRANCISCO, CA 941234217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PRESIDIO TRPO BOX 29052 SAN FRANCISCO, CA 941290052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
REDFORD CENTER INC 1016 LINCOLN BLVD SUITE 322 SAN FRANCISCO, CA 941290144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE URBAN FORESTS 1007 GENERAL KENNEDY AVENUE SUITE 1 SAN FRANCISCO, CA 941291404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE URBAN FORESTS 1007 GENERAL KENNEDY AVENUE SUITE 1 SAN FRANCISCO, CA 941291404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	302
THE BAY SCHOOL OF SAN FRANCISCO 35 KEYES AVE SAN FRANCISCO, CA 941291736	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND COMMUNITY SCHOOL PARENTS ASS 500 CLARENDON AVE SAN FRANCISCO, CA 941311113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
BIRD & BECKETT CULTURAL LEGACY PROJ 653 CHENERY ST SAN FRANCISCO, CA 941313033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO BAY AREA JEWISH GENEA P O BOX 318214 SAN FRANCISCO, CA 941318214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE ALTERNATIVE ELEMENTARY 220 MIDDLEFIELD DR SAN FRANCISCO, CA 941321418	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,070
LAKESHORE ALTERNATIVE ELEMENTARY 220 MIDDLEFIELD DR SAN FRANCISCO, CA 941321418	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
ORTEGA (JOSE) ELEMENTARY 400 SARGENT ST SAN FRANCISCO, CA 941323152	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORTEGA (JOSE) ELEMENTARY 400 SARGENT ST SAN FRANCISCO, CA 941323152	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
POMEROY RECREATION AND REHABILITATI 207 SKYLINE BLVD SAN FRANCISCO, CA 941321025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WEST PORTAL LUTHERAN SCHOOL 200 SLOAT BLVD SAN FRANCISCO, CA 941321621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST PORTAL LUTHERAN SCHOOL 200 SLOAT BLVD SAN FRANCISCO, CA 941321621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
SAN FRANCISCO STATE UNIVERSITY FOUN 1600 HOLLOWAY AVE ADM 151 SAN FRANCISCO, CA 941321722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SAN FRANCISCO STATE UNIVERSITY FOUN 1600 HOLLOWAY AVE ADM 151 SAN FRANCISCO, CA 941321722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH EAST EXCHANGE TEAM - SAN FRAN PO BOX 330278 SAN FRANCISCO, CA 941330278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ANIMALS ASIA FOUNDATION LIMITED 300 BROADWAY STE 32 SAN FRANCISCO, CA 941334528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS ASIA FOUNDATION LIMITED 300 BROADWAY STE 32 SAN FRANCISCO, CA 941334528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE KITCHEN SISTERS PRODUCTIONS 916 KEARNY ST SAN FRANCISCO, CA 941335107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE SAN FRANCISCO SCHOOL 300 GAVEN ST SAN FRANCISCO, CA 941341113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	777
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	595
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRATEFUL DOGS RESCUE PO BOX 411013 SAN FRANCISCO, CA 941411013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THAT MAN MAY SEE INC 10 KORET WAY BOX 0352 SAN FRANCISCO, CA 941430352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CALIFORNIA SAN FRANCI UCSF LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF CALIFORNIA SAN FRANCI PO BOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
UNIVERSITY OF CALIFORNIA SAN FRANCI PO BOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI UCSF LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	790
ROCKET DOG RESCUE INC PO BOX 460826 SAN FRANCISCO, CA 941460826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
PALO ALTO HIGH SCHOOL SPORTS BOOSTE 50 EMBARCADERO RD PALO ALTO, CA 943012321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALO ALTO PARTNERS IN EDUCATION PO BOX 1557 PALO ALTO, CA 943021557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PALO ALTO PARTNERS IN EDUCATION PO BOX 1557 PALO ALTO, CA 943021557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
EASTSIDE COLLEGE PREPARATORY SCHOOL 1041 MYRTLE ST EAST PALO ALTO, CA 943032013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERUDITE TECHNOLOGY GROUP 2525 E BAYSHORE RD PALO ALTO, CA 943033210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
PROBABILITY MANAGEMENT INC 3507 ROSS RD PALO ALTO, CA 943034446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ANITA BORG INSTITUTE FOR WOMEN AND 1501 PAGE MILL RD MS1105 PALO ALTO, CA 943041126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 3145 PORTER DRIVE PALO ALTO, CA 943041234	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,500
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,800
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,616
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,050
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,334
THE BOARD OF TRUSTEES OF THE LELAND DEVEL SVCS PO BOX 20466 STANFORD, CA 943090466	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-PENINSULA BOYS & GIRLS CLUB INC 200 N QUEBEC ST SAN MATEO, CA 944011321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MID-PENINSULA BOYS & GIRLS CLUB INC 200 N QUEBEC ST SAN MATEO, CA 944011321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HILLSDALE HIGH SCHOOL FOUNDATION IN 63 BOVET RD 218 SAN MATEO, CA 944023104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAGON HIGH SCHOOL MUSIC BOOSTERS 900 ALAMEDA DE LAS PULGAS SAN MATEO, CA 944023357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ARAGON HIGH SCHOOL PTSO INC A CALIF 900 ALAMEDA DE LAS PULGAS SAN MATEO, CA 944023357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
THE CAREY SCHOOL 1 CAREY SCHOOL LANE SAN MATEO, CA 944031268	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CAREY SCHOOL 1 CAREY SCHOOL LANE SAN MATEO, CA 944031268	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
JUNIPERO SERRA HIGH SCHOOL 451 W 20TH AVENUE SAN MATEO, CA 944031335	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,331
JUNIPERO SERRA HIGH SCHOOL 451 W 20TH AVENUE SAN MATEO, CA 944031335	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIPERO SERRA HIGH SCHOOL 451 W 20TH AVENUE SAN MATEO, CA 944031335	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CAMINAR 2600 SOUTH EL CAMINO REAL SUITE 200 SAN MATEO, CA 944031160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAYBASI INC816 PERSEUS LN SAN MATEO, CA 944042818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAMEDA EMERGENCY FOOD 1900 THAU WAY ALAMEDA, CA 945010214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
ALAMEDA EMERGENCY FOOD 1900 THAU WAY ALAMEDA, CA 945010214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ALAMEDA EMERGENCY FOOD 1900 THAU WAY ALAMEDA, CA 945010214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYGANDA FOUNDATION INC 909 MARINA VILLAGE PARKWAY 511 ALAMEDA, CA 945011048	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	670
BAYGANDA FOUNDATION INC 909 MARINA VILLAGE PARKWAY 511 ALAMEDA, CA 945011048	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,550
RHYTHMIX CULTURAL WORKS 2513 BLANDING AVE ALAMEDA, CA 945011505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI 2200 HOLBROOK DR DANVILLE, CA 945064413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
STONE VALLEY MIDDLE 3001 MIRANDA AVE ALAMO, CA 945071646	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,600
STONE VALLEY MIDDLE 3001 MIRANDA AVE ALAMO, CA 945071646	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONE VALLEY MIDDLE 3001 MIRANDA AVE ALAMO, CA 945071646	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	890
SAN RAMON VALLEY EDUCATION FOUNDATI 3001 MIRANDA AVE ALAMO, CA 945071646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
NORTHGATE CHRISTIAN FELLOWSHIP 2201 LAKE HERMAN RD BENICIA, CA 945101029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA CA 94510 BENICIA, CA 945102813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
BD PERFORMING ARTS 4065 NELSON AVE CONCORD, CA 945201215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA ALLIANCE FOR YOUTH AND FAM 1820 GALINDO ST STE 220 CONCORD, CA 945202419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EARLY ALERT CANINES 1641 CHALLENGE DR STE 300 CONCORD, CA 945205206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SHELTER INC 1333 WILLOW PASS RD STE 206 CONCORD, CA 945207931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER INC 1333 WILLOW PASS RD STE 206 CONCORD, CA 945207931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SHELTER INC 1333 WILLOW PASS RD STE 206 CONCORD, CA 945207931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TABERNACLE CHRISTIAN SCHOOL 4380 CONCORD BLVD CONCORD, CA 945211155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,358
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YGNACIO VALLEY CHRISTIAN SCHOOL ASS 4977 CONCORD BLVD CONCORD, CA 945211453	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CLAYTON VALLEY MUSIC BOOSTERS 1101 ALBERTA WAY CONCORD, CA 945213747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CLAYTON VALLEY MUSIC BOOSTERS 1101 ALBERTA WAY CONCORD, CA 945213747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAYTON VALLEY CHARTER HIGH SCHOOL 1101 ALBERTA WAY CONCORD, CA 945213799	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
CONCORD HISTORICAL SOCIETY PO BOX 404 CONCORD, CA 945220404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VALHALLA ELEMENTARY SCHOOL PARENT F 530 KIKI DR PLEASANT HILL, CA 945231717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEQUOIA MIDDLE SCHOOL PARENT FACULT 265 BOYD RD PLEASANT HILL, CA 945233729	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALL IN NEED FAMILY SUPPORT 25-A CRESCENT DR 214 PLEASANT HILL, CA 945234308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 945234703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAZAREX CANCER FOUNDATION PO BOX 741 DANVILLE, CA 945260000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LAZAREX CANCER FOUNDATION PO BOX 741 DANVILLE, CA 945260000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EUGENE ONEILL FOUNDATION TAO HOUSE PO BOX 402 DANVILLE, CA 945260402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY HIGH SCHOOL ATHLET PO BOX 412 DANVILLE, CA 945260412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SAN RAMON VALLEY HIGH SCHOOL ATHLET PO BOX 412 DANVILLE, CA 945260412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SAN RAMON VALLEY HIGH SCHOOL ACADEM PO BOX 1004 DANVILLE, CA 945261004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,685
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTE VISTA HIGH SCHOOL ACADEMIC BO 3131 STONE VALLEY RD DANVILLE, CA 945261129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
MONTE VISTA HIGH SCHOOL KEYNOTERS PO BOX 513 DANVILLE, CA 945261129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MONTE VISTA HIGH SCHOOL ACADEMIC BO 3131 STONE VALLEY RD DANVILLE, CA 945261129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTE VISTA HIGH SCHOOL ACADEMIC BO 3131 STONE VALLEY RD DANVILLE, CA 945261129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	395
VISTA GRANDE CONTINUOUS PROGRESS AL 677 DIABLO RD DANVILLE, CA 945262801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PTA CALIFORNIA CONGRESS OF PARENTS 667 DIABLO RD DANVILLE, CA 945262801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 667 DIABLO RD DANVILLE, CA 945262801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
THE DOWN SYNDROME CONNECTION OF THE 101 TOWN AND COUNTRY DR STE A DANVILLE, CA 945263968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAN RAMON VALLEY EDUCATION FOUNDATI PO BOX 1511 DANVILLE, CA 945266511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANVILLE OAKS RUGBY FOOTBALL ASSOCI PO BOX 3204 DANVILLE, CA 945269404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DANVILLE OAKS RUGBY FOOTBALL ASSOCI PO BOX 3204 DANVILLE, CA 945269404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,733
ST JOHN THE BAPTIST 11156 SAN PABLO AVENUE EL CERRITO, CA 945302131	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MATH CIRCLES FOUNDATION 5426 HILLSIDE AVE EL CERRITO, CA 945301451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CORDELIA ROTARY COMMUNITY FUND PO BOX 771 FAIRFIELD, CA 945330077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 5130 FULTON DR STE R FAIRFIELD, CA 945344223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN G MATTOS ELEMENTARY 37944 FARWELL DR FREMONT, CA 945367008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
PTA CALIFORNIA CONGRESS OF PARENTS 4620 MATTOS DR FREMONT, CA 945366738	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BOLDLY ME37739 FARWELL DR FREMONT, CA 945367003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHLONE HUMANE SOCIETY INC 39120 ARGONAUT WAY 108 FREMONT, CA 945381304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AGAMI INCPO BOX 3178 FREMONT, CA 945390317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAL STATE EAST BAY EDUCATIONAL FOUN 25800 CARLOS BEE BLVD SA4701 HAYWARD, CA 945423000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANNOY ELEMENTARYPO BOX 2146 CASTRO VALLEY, CA 945460146	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CASTRO VALLEY ARTS FOUNDATION PO BOX 2141 CASTRO VALLEY, CA 945460777	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
TIENI DUROPO BOX 902 LAFAYETTE, CA 945490902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,100
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,517
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LAFAYETTE LIBRARY AND LEARNINGCENTE 3491 MT DIABLO BLVD SUITE 214 LAFAYETTE, CA 945491472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ACALANES PARENTS CLUB 1200 PLEASANT HILL RD LAFAYETTE, CA 945492623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERDOG ANIMAL RESCUE 3152 PLYMOUTH RD LAFAYETTE, CA 945493236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNDERDOG ANIMAL RESCUE 3152 PLYMOUTH RD LAFAYETTE, CA 945493236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRI-VALLEY SOCKSPO BOX 1196 LIVERMORE, CA 945511196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERDS GATE1660 PORTOLA AVE LIVERMORE, CA 945511632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
10 THOUSAND WINDOWS INC 348 N CANYONS PKWY LIVERMORE, CA 945519185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALHAMBRA SENIOR HIGH150 E ST MARTINEZ, CA 945533139	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOHN MUIR LAND TRUSTPO BOX 31 MARTINEZ, CA 945537452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,700
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
IF GIVEN A CHANCEPO BOX 2607 NAPA, CA 945580260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUSTIN-SIENA HIGH SCHOOL FOUNDATION 4026 MAHER ST NAPA, CA 945582243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMMUNITY FOUNDATION OF THE NAPA VA 3299 CLAREMONT WAY STE 2 NAPA, CA 945583382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ON THE MOVE780 LINCOLN AVE NAPA, CA 945585110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LASALLIAN CHRISTIAN BROTHERS FOUNDA 4401 REDWOOD RD NAPA, CA 945589708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST JOHN THE BAPTIST CATHOLIC SCHOOL 983 NAPA STREET NAPA, CA 945591921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 945590815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH INITIATIVE NAPA CO 2140 JEFFERSON ST STE D NAPA, CA 945591255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VINE VILLAGE INC 4059 OLD SONOMA RD NAPA, CA 945599702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
E L MUSICK ELEMENTARY 5735 MUSICK AVE NEWARK, CA 945602554	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
E L MUSICK ELEMENTARY 5735 MUSICK AVE NEWARK, CA 945602554	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
EDUCATIONAL FOUNDATION OF ORINDA 21 C ORINDA WAY 123 ORINDA, CA 945630009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROTESTANT EPISCOPAL CHURCH IN THE 66 SAINT STEPHENS DR ORINDA, CA 945631949	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XENOPHON THERAPEUTIC RIDING CENTER PO BOX 16 ORINDA, CA 945634108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LIONS CLOSET625 RAILROAD AVE PITTSBURG, CA 945652360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	432
LIONS CLOSET625 RAILROAD AVE PITTSBURG, CA 945652360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILIPINO FOOD MOVEMENT 1101 RAILROAD AVE PITTSBURG, CA 945652641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FILIPINO FOOD MOVEMENT 1101 RAILROAD AVE PITTSBURG, CA 945652641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FILIPINO FOOD MOVEMENT 1101 RAILROAD AVE PITTSBURG, CA 945652641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT COUNCIL OF CONTRA COSTA CT 2210 GLADSTONE DRIVE PITTSBURG, CA 945655101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ALISAL ELEMENTARY 1454 SANTA RITA RD PLEASANTON, CA 945665697	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PHOEBE APPERSON HEARST ELEMENTARY 5301 CASE AVE PLEASANTON, CA 945668005	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	288
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL BAND BOOSTERS CLUB PO BOX 866 PLEASANTON, CA 945660086	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MISSING MAN MINISTRY INC 5424 SUNOL BLVD STE 10-107 PLEASANTON, CA 945667705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
ERICS CORNER 7172 REGIONAL STREET 211 DUBLIN, CA 945682324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMADOR ELEMENTARY SCHOOL PARENT FAC 3736 FALLON ROAD NO 223 DUBLIN, CA 945687400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
COUGAR FOOTBALL FUNDPO BOX 6877 MORAGA, CA 945706877	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,570
ST HELENA ROTARY CLUB FOUNDATION IN PO BOX 211 SAINT HELENA, CA 945740211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELENA PUBLIC SCHOOLS FOUNDATION PO BOX 305 SAINT HELENA, CA 945740305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
GUNILDA RIANDA SENIOR CENTER ASSOCI 1475 MAIN STREET ST HELENA, CA 945741813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
BOY SCOUTS OF AMERICA 1001 DAVIS STREET SAN LEANDRO, CA 945771514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ALAMEDA COUNTY CASA INC 1000 SAN LEANDRO BLVD STE 300 SAN LEANDRO, CA 945771675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF ALAMEDA COUNTY CASA INC 1000 SAN LEANDRO BLVD STE 300 SAN LEANDRO, CA 945771675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	210
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
SAN RAMON VALLEY EDUCATION FOUNDATI 10550 ALBION RD SAN RAMON, CA 945822901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
SAN RAMON VALLEY EDUCATION FOUNDATI 10550 ALBION RD SAN RAMON, CA 945822901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATA AMRITANANDAMAYI CENTER PO BOX 613 SAN RAMON, CA 945830613	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	101
SAN RAMON VALLEY EDUCATIONAL FOUNDA PO BOX 3161 SAN RAMON, CA 945832942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ESZTERLANC HUNGARIAN FOLK ENSEMBLE 14 INVERNESS CT SAN RAMON, CA 945833513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOMS OF HOPE INC 231 MARKET PLACE 350 SAN RAMON, CA 945834743	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROOMS OF HOPE INC 231 MARKET PLACE 350 SAN RAMON, CA 945834743	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
NEW HAVEN SCHOOLS FOUNDATION 34200 ALVARADO-NILES ROAD UNION CITY, CA 945872210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL HIGH4375 FOOTHILL RD PLEASANTON, CA 945889799	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SUNFLOWER HILLPO BOX 11436 PLEASANTON, CA 945881436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PATHLIGHT INTERNATIONAL INC 3037 HOPYARD RD STE T PLEASANTON, CA 945885261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW ROAD INSTRUMENTAL MUSIC BOOS 4433 WILLOW RD PLEASANTON, CA 945888520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WILLOW ROAD INSTRUMENTAL MUSIC BOOS 4433 WILLOW RD PLEASANTON, CA 945888520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BLVD VALLEJO, CA 945906954	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BLVD VALLEJO, CA 945906954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BLVD VALLEJO, CA 945906954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EZEKIEL PROJECT INTERNATIONAL INC 1402 HIGHGATE RD VALLEJO, CA 945913843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASTOR OF ST CATHERINE OF SIENA PAR 3450 TENNESSEE ST VALLEJO, CA 945914957	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GENESIS HOUSE INC 1149 WARREN AVE VALLEJO, CA 945917512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FRANCIS IN THE SCHOOLS5 IRIS LN WALNUT CREEK, CA 945951221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALNUT CREEK LIBRARY FOUNDATION PO BOX 4979 WALNUT CREEK, CA 945960979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRINITY CENTER WALNUT CREEK 1924 TRINITY AVE WALNUT CREEK, CA 945964037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
COMMUNITY ARTS FOUNDATION 1666 N MAIN ST WALNUT CREEK, CA 945964609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM 1630 NORTH MAIN STREET NUMBER 213 WALNUT CREEK, CA 945964609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LAS LOMAS PERFORMING ARTS FOUNDATIO 1460 S MAIN ST WALNUT CREEK, CA 945965319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CONTRA COSTA CHINESE CULTURAL ENRIC 2208 ENGLISH CT WALNUT CREEK, CA 945983333	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE YGNACIO VALLEY LIBRA 2661 OAK GROVE RD WALNUT CREEK, CA 945983627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE YGNACIO VALLEY LIBRA 2661 OAK GROVE RD WALNUT CREEK, CA 945983627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE YGNACIO VALLEY LIBRA 2661 OAK GROVE RD WALNUT CREEK, CA 945983627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHGATE PARENT-FACULTY CLUB 425 CASTLE ROCK RD WALNUT CREEK, CA 945984520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	401
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
WA SUNG CHARITY FUNDPO BOX 1561 OAKLAND, CA 946041561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WA SUNG CHARITY FUNDPO BOX 1561 OAKLAND, CA 946041561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
PRESCOTT-JOSEPH CENTER FOR COMMUNIT 920 PERALTA STREET OAKLAND, CA 946071927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
THE CRUCIBLE1260 7TH ST OAKLAND, CA 946072150	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE ST STE 101 OAKLAND, CA 946072535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
CATHOLIC CHARITIES OF THE DIOCESE O 433 JEFFERSON ST OAKLAND, CA 946073539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 946073800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 946073800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
AMERICAN UNIVERSITY OF ARMENIA CORP 1000 BROADWAY STE 280 OAKLAND, CA 946074090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
RED BEAN CANTONESE OPERA INC 192 10TH STREET SUITE 204 OAKLAND, CA 946074314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAGON SCHOOL288 11TH ST STE E OAKLAND, CA 946074460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK ST OAKLAND, CA 946074820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK ST OAKLAND, CA 946074820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK ST OAKLAND, CA 946074820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY BRIDGES INC168 11TH ST OAKLAND, CA 946074841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,500
FAMILY BRIDGES INC168 11TH ST OAKLAND, CA 946074841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YU MING CHARTER SCHOOL 1086 ALCATRAZ AVE OAKLAND, CA 946081265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
YU MING CHARTER SCHOOL 1086 ALCATRAZ AVE OAKLAND, CA 946081265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL & RESEARCH CENTE 747 52ND ST OAKLAND, CA 946091809	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FIRST HEBREW CONGREGATION OF OAKLAN 2808 SUMMIT ST OAKLAND, CA 946093605	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
CLAUSEN HOUSE INC88 VERNON ST OAKLAND, CA 946104217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVE OAKLAND, CA 946104340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SPROUTS INC 330 PARK VIEW TER APT 109 OAKLAND, CA 946104670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	744
OAKLAND TECHNICAL HIGH 4351 BROADWAY OAKLAND, CA 946114612	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND TECHNICAL HIGH 4351 BROADWAY OAKLAND, CA 946114612	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
COMMUNITY EDUCATION PARTNERSHIPS 2667 CARISBROOK DR OAKLAND, CA 946111609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OAKLAND SCHOOL FOR THE ARTS 530 18TH ST OAKLAND, CA 946121512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR GIRLS 510 16TH ST STE 100 OAKLAND, CA 946121520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OAKLAND METROPOLITAN CHAMBER OF COM 475 14TH ST OAKLAND, CA 946121928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
OAKLAND LACROSSE CLUB 1970 BROADWAY STE 920 OAKLAND, CA 946122221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIN STREET LAUNCH 2101 WEBSTER STREET SUITE 1200 OAKLAND, CA 946123011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY ST STE 600 OAKLAND, CA 946123017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND BALLET COMPANY 2201 BROADWAY SUITE LL17 OAKLAND, CA 946123814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JULIA MORGAN SCHOOL FOR GIRLS 5000 MACARTHUR BLVD PMB 9966 OAKLAND, CA 946131301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
MILLS COLLEGE 5000 MACARTHUR BLVD OIA OAKLAND, CA 946131301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NICARAGUAN EDUCATION RESOURCE CENTE 5824 CLOVER DR OAKLAND, CA 946181623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,120
HOLY NAMES HIGH SCHOOL 4660 HARBORD DRIVE OAKLAND, CA 946182211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,931
REGIONAL PARKS FOUNDATION PO BOX 21074 OAKLAND, CA 946201074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 333 HEGENBERGER RD STE 450 OAKLAND, CA 946211565	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	578
THE ALAMEDA COUNTY COMMUNITY FOOD B PO BOX 2599 OAKLAND, CA 946212004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE ALAMEDA COUNTY COMMUNITY FOOD B PO BOX 2599 OAKLAND, CA 946212004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALAMEDA COUNTY COMMUNITY FOOD B PO BOX 2599 OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE ALAMEDA COUNTY COMMUNITY FOOD B PO BOX 2599 OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRODUCERS ASSOCIATES PO BOX 13008 OAKLAND, CA 946610008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BERKELEY HIGH SCHOOL JAZZ PO BOX 1027 BERKELEY, CA 947011027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE CROWDEN MUSIC CENTER 1475 ROSE ST BERKELEY, CA 947021255	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY RESOURCES FOR SCIENCE 1611 SAN PABLO AVE SUITE 10B BERKELEY, CA 947021377	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARTIN LUTHER KING MIDDLE 1781 ROSE ST BERKELEY, CA 947031048	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
EAST BAY COMMUNITY LAW CENTER 2921 ADELINE ST BERKELEY, CA 947032502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,800
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,376
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,100
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,666
CALIFORNIA JAZZ CONSERVATORY INC 2087 ADDISON ST BERKELEY, CA 947041103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AURORA THEATRE COMPANY 2081 ADDISON ST BERKELEY, CA 947041103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OPPORTUNITY INSTITUTE 2001 CENTER STREET 5TH FLOOR BERKELEY, CA 947041242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY STE 460 BERKELEY, CA 947041346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY AND COMMUNITY SERVICE 2484 SHATTUCK AVE STE 210 BERKELEY, CA 947042076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAYBECK HIGH SCHOOL INCORPORATED 2727 COLLEGE AVE BERKELEY, CA 947051247	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 ATTN DONOR GIFT SERVICES BERKELEY, CA 947057220	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION WORKS INTERNATIONAL PO BOX 6803 ALBANY, CA 947060803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LBSA FUNDPO BOX 6864 ALBANY, CA 947060864	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
WHAT IF-FOUNDATION 1569 SOLANO AVE 192 BERKELEY, CA 947072116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENSINGTON EDUCATION FOUNDATION 90 HIGHLAND BLVD KENSINGTON, CA 947081023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZAYTUNA COLLEGE2401 LE CONTE AVE BERKELEY, CA 947091209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
IMPACT FUND 125 UNIVERSITY AVE SUITE 102 BERKELEY, CA 947101601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEVA FOUNDATION1786 5TH ST BERKELEY, CA 947101716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACK PINE CIRCLE INC2027 7TH ST BERKELEY, CA 947102024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BLACK PINE CIRCLE INC2027 7TH ST BERKELEY, CA 947102024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL INTERSCHOLASTIC CYCLING AS 2414 6TH ST BERKELEY, CA 947102414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 947102732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 947102732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 947102732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS DAYTIME DROP-IN CENTER PO BOX 11612 BERKELEY, CA 947122612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FIX OUR FERALSPO BOX 13083 BERKELEY, CA 947124083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
FIX OUR FERALSPO BOX 13083 BERKELEY, CA 947124083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 947201104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF CALIFO 171 UNIVERSITY HALL SPC 1104 BERKELEY, CA 947201104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
UC BERKELEY MANAGEMENT COMPANY 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 947201601	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F OFFICE OF DEVELOPMENT AND EXTERNAL RELATIONS - 3615 TOLMAN HALL 1670 BERKELEY, CA 947201670	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL HOUSE DEVELOPMENT ALUMNI RELATIONS OFFICE BERKELEY, CA 947202327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JEWISH COMMUNITY FEDERATION OF THE 2121 ALLSTON WAY BERKELEY, CA 947206001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA RESCUE MISSION 2114 MACDONALD AVE RICHMOND, CA 948013311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAY AREA RESCUE MISSION 2114 MACDONALD AVE RICHMOND, CA 948013311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BAY AREA RESCUE MISSION 2114 MACDONALD AVE RICHMOND, CA 948013311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA RESCUE MISSION PO BOX 1112 RICHMOND, CA 948021112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
RUBICON PROGRAMS INC 2500 BISSELL AVE RICHMOND, CA 948041815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
HOUSE RABBIT SOCIETY 148 BROADWAY RICHMOND, CA 948041912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CONTRA COSTA PO BOX 20090 EL SOBRANTE, CA 948200090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF CONTRA COSTA PO BOX 20090 EL SOBRANTE, CA 948200090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEXT GENERATION SCHOLARS INC 1018 E STREET SAN RAFAEL, CA 949010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEXT GENERATION SCHOLARS INC 1018 E STREET SAN RAFAEL, CA 949010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SUN VALLEY SCHOOL PTO INC 75 HAPPY LN SAN RAFAEL, CA 949011004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BIG BROTHERS BIG SISTERS OF MARIN & 1618 2ND ST SAN RAFAEL, CA 949012707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHE-CAN INC1050 COURT ST APT 223 SAN RAFAEL, CA 949012969	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
BEYOND DIFFERENCES 711 GRAND AVE STE 200 SAN RAFAEL, CA 949013553	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CANAL ALLIANCE91 LARKSPUR ST SAN RAFAEL, CA 949014820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANAL ALLIANCE91 LARKSPUR ST SAN RAFAEL, CA 949014820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CAN DO EDUCATION FOUNDATION 2255 LAS GALLINAS AVE SAN RAFAEL, CA 949031615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CAN DO EDUCATION FOUNDATION 2255 LAS GALLINAS AVE SAN RAFAEL, CA 949031615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSICAS HAVEN AND RESUCE 4240 REDWOOD HWY SAN RAFAEL, CA 949032612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JESSICAS HAVEN AND RESUCE 4240 REDWOOD HWY SAN RAFAEL, CA 949032612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JESSICAS HAVEN AND RESUCE 4240 REDWOOD HWY SAN RAFAEL, CA 949032612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONETL INC320 NOVA ALBION WAY SAN RAFAEL, CA 949033523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GUIDE DOGS FOR THE BLIND INC 350 LOS RANCHITOS RD SAN RAFAEL, CA 949033606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDE DOGS FOR THE BLIND INC 350 LOS RANCHITOS RD SAN RAFAEL, CA 949033606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR VOLUNTEER AND NONPROFIT 65 MITCHELL BLVD SUITE 101 SAN RAFAEL, CA 949033680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,250
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
DWARF ATHLETIC ASSOCIATION OF AMERI PO BOX 2 KENTFIELD, CA 949140002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DEVELOPMENT TEAMPO BOX 875 KENTFIELD, CA 949140875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED SCHOOLS FOUNDATION 277A KAREN WAY TIBURON, CA 949202044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,800
REED SCHOOLS FOUNDATION 277A KAREN WAY TIBURON, CA 949202044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,740
HILLSIDE CHURCH OF MARIN 5461 PARADISE DR CORTE MADERA, CA 949251922	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN INDIAN AMERICAN ASSOCIATION 268 GOLDEN HIND PSGE CORTE MADERA, CA 949251952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARIN COUNTRY DAY SCHOOL 5221 PARADISE DRIVE CORTE MADERA, CA 949252107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FOOD EMPOWERMENT PROJECT PO BOX 7322 COTATI, CA 949317322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA CABARET21 WARD ST STE 5 LARKSPUR, CA 949391374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
REDWOOD HIGH SCHOOL FOUNDATION 395 DOHERTY DRIVE ROOM 181A LARKSPUR, CA 949391536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,800
REDWOOD HIGH SCHOOL FOUNDATION 395 DOHERTY DRIVE ROOM 181A LARKSPUR, CA 949391536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RING MOUNTAIN DAY SCHOOL 70 LOMITA DR MILL VALLEY, CA 949411442	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,375
SARCOMA ALLIANCE 775 E BLITHEDALE AVE ST 334 MILL VALLEY, CA 949411554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SARCOMA ALLIANCE 775 E BLITHEDALE AVE ST 334 MILL VALLEY, CA 949411554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
B612 FOUNDATION 20 SUNNYSIDE AVE STE 427 MILL VALLEY, CA 949411933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PTA CALIFORNIA CONGRESS OF PARENTS 425 SYCAMORE AVE MILL VALLEY, CA 949412231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
PTA CALIFORNIA CONGRESS OF PARENTS 117 E STRAWBERRY DR MILL VALLEY, CA 949412576	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAM HIGH FOUNDATION 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
OUR LADY OF LORETTO SCHOOL 1811 VIRGINIA AVENUE NOVATO, CA 949452155	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 629 PLUM ST NOVATO, CA 949452578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HALLECK CREEK RANCHPO BOX 159 NICASIO, CA 949460159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARIN SCHOOL OF THE ARTS FOUNDATION 625 ARTHUR ST NOVATO, CA 949474499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL HOGAR DE LOS NINOSPO BOX 1445 NOVATO, CA 949481445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK ST PETALUMA, CA 949522140	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE WEST MARIN FUNDPO BOX 1496 PT REYES STA, CA 949561496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN ART AND GARDEN CENTER PO BOX 437 ROSS, CA 949570437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROSS SCHOOL FOUNDATIONBOX 582 ROSS, CA 949570582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROSS SCHOOL FOUNDATIONBOX 582 ROSS, CA 949570582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIXIE PARENTSPO BOX 602 ROSS, CA 949570602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,151
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
WADE THOMAS PARENTS CLUB 150 ROSS AVE SAN ANSELMO, CA 949602941	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA REENTRY PROGRAM PO BOX 483 SAN QUENTIN, CA 949640483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY SUITE 325 SAUSALITO, CA 949652810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY SUITE 325 SAUSALITO, CA 949652810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY SUITE 325 SAUSALITO, CA 949652810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHURCH OF GOD IN CHRIST INC PO BOX 938 SAUSALITO, CA 949660938	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHURCH OF GOD IN CHRIST INC PO BOX 938 SAUSALITO, CA 949660938	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON CANYON RANCH INC 4900 SHORELINE HWY ONE STINSON BEACH, CA 949700000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BLUE MOUNTAIN CENTER OF MEDITATION 3600 TOMALES RD TOMALES, CA 949710000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
MARIN NAKAYOSHI CLUBPO BOX 684 WOODACRE, CA 949730684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YES THE ROSS VALLEY SCHOOLS FOUNDAT PO BOX 2 SAN ANSELMO, CA 949790002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CASTLEMONT HOME AND SCHOOL CLUB 3040 PAYNE AVE CAMPBELL, CA 950080136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LITTLE LEAGUE BASEBALL INC PO BOX 772 CAMPBELL, CA 950090772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTROVILLE ARTICHOKE FESTIVAL INC PO BOX 1041 CASTROVILLE, CA 950121041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
IIT BOMBAY HERITAGE FOUNDATION 21710 STEVENS CREEK BLVD 115 CUPERTINO, CA 950141199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST JOSEPHS FAMILY CENTER 7950 CHURCH ST STE A GILROY, CA 950204401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS FAMILY CENTER 7950 CHURCH ST STE A GILROY, CA 950204401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DAVES AVENUE HOME AND SCHOOL CLUB 17770 DAVES AVE MONTE SERENO, CA 950303218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
DAVES AVENUE HOME AND SCHOOL CLUB 17770 DAVES AVE MONTE SERENO, CA 950303218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADDISON PENZAK JEWISH COMMUNITY CEN ADDISON-PENZAK JEWISH COMMUNITY CENTER 14855 OKA ROAD 201 LOS GATOS, CA 950320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
ADDISON PENZAK JEWISH COMMUNITY CEN ADDISON-PENZAK JEWISH COMMUNITY CENTER 14855 OKA ROAD 201 LOS GATOS, CA 950320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
JEEVANVIDYA CENTER INC 122 CALLE ESTORIA LOS GATOS, CA 950321239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAYMOND J FISHER HOME AND SCHOOL CL 19195 FISHER AVE LOS GATOS, CA 950324555	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,845
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,530
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,840
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR CREATIVE ANACHRONISM IN PO BOX 360789 MILPITAS, CA 950360789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 950390267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROSE ACADEMIES INC1042 LEWIS ST SANTA CLARA, CA 950504212	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 950504333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SANTA CLARA 2 FOURSQUARE CHURCH 3421 MONROE ST SANTA CLARA, CA 950511417	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
FINDING TRUE MIND 3216 HUMBOLT AVE SANTA CLARA, CA 950513749	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINDING TRUE MIND 3216 HUMBOLT AVE SANTA CLARA, CA 950513749	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
LIVE OAK ACADEMY 2784 HOMESTEAD RD 141 SANTA CLARA, CA 950515353	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	575
CATAMARAN LITERARY READER 1050 RIVER ST UNIT 118 SANTA CRUZ, CA 950601768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIDISCIPLINARY ASSOCIATION FOR P 1115 MISSION STREET SANTA CRUZ, CA 950603526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONTALVO ASSOCIATION 15400 MONTALVO ROAD SARATOGA, CA 950710158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOQUEL HIGH FUND INCPO BOX 1700 SOQUEL, CA 950731700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOBS HEART CHILDRENS CANCER SUPPO 680 W BEACH ST WATSONVILLE, CA 950765140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JACOBS HEART CHILDRENS CANCER SUPPO 680 W BEACH ST WATSONVILLE, CA 950765140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SECOND HARVEST FOOD BANK SANTA CRUZ 800 OHLONE PKWY WATSONVILLE, CA 950767005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK SANTA CRUZ 800 OHLONE PKWY WATSONVILLE, CA 950767005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SECOND HARVEST FOOD BANK SANTA CRUZ 800 OHLONE PKWY WATSONVILLE, CA 950767005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SV HOME350 W JULIAN ST BLDG 5 SAN JOSE, CA 951102305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JOSE CHILDRENS DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 951102722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
SACRED HEART NATIVITY SCHOOL 310 EDWARDS AVE SAN JOSE, CA 951103005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SACRED HEART NATIVITY SCHOOL 310 EDWARDS AVE SAN JOSE, CA 951103005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	665
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,186
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 375 S 3RD ST SAN JOSE, CA 951123649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 375 S 3RD ST SAN JOSE, CA 951123649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SILICON VALLEY BICYCLE COALITION 96 N THIRD STREET SUIT 375 SAN JOSE, CA 951127702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JOSE MUSEUM OF ART ASSOCIATION 110 S MARKET ST SAN JOSE, CA 951132383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SOMOS MAYFAIR INC 370-B S KING ROAD SAN JOSE, CA 951160000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CRISTO REY SAN JOSE HIGH SCHOOL 1389 E SANTA CLARA STREET SAN JOSE, CA 951161127	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF ARTS AND CULTURE AT MHP 1700 ALUM ROCK AVE SAN JOSE, CA 951161301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE HARKER SCHOOL 3800 BLACKFORD AVE SAN JOSE, CA 951171928	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
WORK2FUTURE FOUNDATION 1601 FOXWORTHY AVE SAN JOSE, CA 951181036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORK2FUTURE FOUNDATION 1601 FOXWORTHY AVE SAN JOSE, CA 951181036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GRAYSTONE HOME & SCHOOL CLUB 6982 SHEARWATER DR SAN JOSE, CA 951202123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
CANCER CAREPOINT INC 2505 SAMARITAN DR STE 402 SAN JOSE, CA 951244012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW GLEN ELEMENTARY 1425 LINCOLN AVE SAN JOSE, CA 951253398	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
UPA PTSO2315 CANOAS GARDEN AVE SAN JOSE, CA 951252005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,000
PLANNED PARENTHOOD MAR MONTE INC 1605 THE ALAMEDA SAN JOSE, CA 951261727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD MAR MONTE INC 1605 THE ALAMEDA SAN JOSE, CA 951261727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN STREETS INC 1671 THE ALAMEDA STE 306 SAN JOSE, CA 951262222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLARD MCCOLLAM ELEMENTARY 3311 LUCIAN AVE SAN JOSE, CA 951271544	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
SPARROW MUSIC INC2962 STORY RD SAN JOSE, CA 951273925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPARROW MUSIC INC2962 STORY RD SAN JOSE, CA 951273925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VMC FOUNDATION 2400 MOORPARK AVE SUITE 207 SAN JOSE, CA 951282625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CROSSROADS BIBLE CHURCH 1670 MOORPARK AVE SAN JOSE, CA 951282841	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 1101 S WINCHESTER BLVD STE F-160 SAN JOSE, CA 951283903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,489
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1101 S WINCHESTER BLVD STE F-160 SAN JOSE, CA 951283903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
MARCH OF DIMES INC 1101 S WINCHESTER BLVD STE F-160 SAN JOSE, CA 951283903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE HARKER SCHOOL 500 SARATOGA AVE SAN JOSE, CA 951291361	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANEVIEW ELEMENTARY 2095 WARMWOOD LN SAN JOSE, CA 951321251	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
BERRYESSA MUSIC BOOSTERS INC 1695 PEACHWOOD DR SAN JOSE, CA 951322107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PROSPECT SILICON VALLEY 1608 LAS PLUMAS AVE SAN JOSE, CA 951331655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT SILICON VALLEY 1608 LAS PLUMAS AVE SAN JOSE, CA 951331655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FAMILY SUPPORTIVE HOUSING INC 692 NORTH KING ROAD SAN JOSE, CA 951331709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
LUPUS FOUNDATION OF NORTHERN CALIFO 2635 N 1ST ST STE 211 SAN JOSE, CA 951342032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE TO SHARE FOUNDATION AMERICA 3363 BEL MIRA WAY SAN JOSE, CA 951352359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LOVE TO SHARE FOUNDATION AMERICA 3363 BEL MIRA WAY SAN JOSE, CA 951352359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,051
NORTHERN CALIFORNIA CHINESE CHORUS 5212 SILVER ACRES CT SAN JOSE, CA 951382102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON VALLEY PET PROJECT PO BOX 6145 SAN JOSE, CA 951506145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SILICON VALLEY PET PROJECT PO BOX 6145 SAN JOSE, CA 951506145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SANSKRITIPO BOX 53121 SAN JOSE, CA 951530121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW GLEN MIDDLE AND HIGH SCHOOL PO BOX 8096 SAN JOSE, CA 951558096	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BELLE FOUNDATION FOR CULTURAL DEVEL PO BOX 8601 SAN JOSE, CA 951558601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BELLE FOUNDATION FOR CULTURAL DEVEL PO BOX 8601 SAN JOSE, CA 951558601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL JUNIOR BASKETBALL PO BOX 9976 SAN JOSE, CA 951570976	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VISIONARY HOME BUILDERS OF CALIFORN 315 N SAN JOAQUIN ST STOCKTON, CA 952022025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
VISIONARY HOME BUILDERS OF CALIFORN 315 N SAN JOAQUIN ST STOCKTON, CA 952022025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CENTER-YOUTH & FAMILY SERVIC 620 N SAN JOAQUIN STREET STOCKTON, CA 952022030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WOMENS CENTER-YOUTH & FAMILY SERVIC 620 N SAN JOAQUIN STREET STOCKTON, CA 952022030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 952022400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 952022400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
READY TO WORK119 E WEBER AVE STOCKTON, CA 952022704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ST MARYS DINING ROOM 545 W SONORA ST STOCKTON, CA 952033329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVE STOCKTON, CA 952041953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
ST MARY'S HIGH SCHOOLPO BOX 7247 STOCKTON, CA 952670247	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST MARY'S HIGH SCHOOLPO BOX 7247 STOCKTON, CA 952670247	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SAN JOA 704 E INDUSTRIAL PARK DRIVE MANTECA, CA 953376116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VINE HOUSE INC 523 S MARTIN LUTHER KING DR MODESTO, CA 953512761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GALLO CENTER FOR THE ARTS INC 1000 I STREET MODESTO, CA 953542381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLO CENTER FOR THE ARTS INC 1000 I STREET MODESTO, CA 953542381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	950
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEL RIO CC FOUNDATION 801 STEWART RD MODESTO, CA 953569639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 14216 TUOLUMNE ROAD SUITE 1 SONORA, CA 953702826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT RD STE 220 SANTA ROSA, CA 954010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,019
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA ROSA JUNIOR COLLEGE FOUNDATIO 1501 MENDOCINO AVE SANTA ROSA, CA 954014332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 954015527	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 954015527	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 954015527	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
DEMEO TEEN CLUB INC509 ADAMS ST SANTA ROSA, CA 954016110	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
SANTA ROSA KIWANIS FOUNDATION PO BOX 1204 SANTA ROSA, CA 954021204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 954021296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FORGET ME NOT CHILDRENS SERVICES PO BOX 1296 SANTA ROSA, CA 954021296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 954021296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGET ME NOT CHILDRENS SERVICES PO BOX 1296 SANTA ROSA, CA 954021296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA, CA 954026995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA HUMAN DEVELOPMENT CORP 3315 AIRWAY DR SANTA ROSA, CA 954032005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	517
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3273 AIRWARY DR STE E SANTA ROSA, CA 954032080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FAMILY JUSTICE CENTER SONOMA COUNTY 2755 MENDOCINO AVE STE 100 SANTA ROSA, CA 954032828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DOGWOOD ANIMAL RESCUE PROJECT INC 1415 FULTON ROAD 432 SANTA ROSA, CA 954037619	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS RD SANTA ROSA, CA 954045514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
THE SALVATION ARMY 93 STONY CIRCLE SANTA ROSA, CA 954046610	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
REACH YOUR GOALS FOUNDATION 5236 PRESSLEY RD SANTA ROSA, CA 954049518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY HIGH1250 HAHMAN DR SANTA ROSA, CA 954056934	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	101
INDIVIDUALS NOW INC SOCIAL ADVOCATE 2447 SUMMERFIELD RD SANTA ROSA, CA 954057815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INDIVIDUALS NOW INC SOCIAL ADVOCATE 2447 SUMMERFIELD RD SANTA ROSA, CA 954057815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 954070000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TRANSCENDENCE THEATER COMPANY 19201 SONOMA HIGHWAY 214 SONOMA, CA 954760000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
TRANSCENDENCE THEATER COMPANY 19201 SONOMA HIGHWAY 214 SONOMA, CA 954760000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS LIFELINE INCPO BOX 341 SONOMA, CA 954760341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SONOMA VALLEY FILM SOCIETY PO BOX 1613 SONOMA, CA 954761613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SONOMA VALLEY FILM SOCIETY PO BOX 1613 SONOMA, CA 954761613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA LUZ CENTER17560 GREGER ST SONOMA, CA 954763617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SONOMA VALLEY MENTORING ALLIANCE IN 916 FIRST ST WEST SONOMA, CA 954763699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SONOMA VALLEY MENTORING ALLIANCE IN 916 FIRST ST WEST SONOMA, CA 954763699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEETWATER SPECTRUM INC 369 FIFTH ST W UNIT A SONOMA, CA 954765608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SWEETWATER SPECTRUM INC 369 FIFTH ST W UNIT A SONOMA, CA 954765608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BREAST AND GYN HEALTH PROJECT 987 8TH ST ARCATA, CA 955216109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER CITY ROWING CLUB INC 903 RED CURRANT TER DAVIS, CA 956161396	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PENCE GALLERY ASSOCIATION 212 D ST DAVIS, CA 956164513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
REGENTS OF THE UNIVERSITY OF CALIFO 400 MRAK HALL DRIVE DAVIS, CA 956165270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 400 MRAK HALL DRIVE DAVIS, CA 956165270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VETERINARY BUSINESS MANAGEMENT ASSO 1 SHIELDS AVE DAVIS, CA 956165270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THRIVING PINK3220 GROSBEAK CT DAVIS, CA 956167510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN WILD HORSE PRESERVATION CA PO BOX 1733 DAVIS, CA 956171733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE U C DAVIS FOUNDATION 1460 DREW AVE STE 100 DAVIS, CA 956184856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VEGAN OUTREACH INC 1212 FARRAGUT CIR DAVIS, CA 956186362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,052
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD BOUND GOLDEN RETRIEVER RES 7495 NATOMAS RD ELVERTA, CA 956269307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,450
CHABAD LUBAVITCH JEWISH CENTER OFFO 302 S LEXINGTON DR STE B FOLSOM, CA 956306869	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
FIELDHAVEN FELINE CENTER 2754 IRONWOOD LN LINCOLN, CA 956489645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIKUNI CHARITABLE FOUNDATION 5012 LUCE AVE MCCLELLAN, CA 956522449	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OLYMPUS JUNIOR HIGH PARENT TEACHER 2625 LA CROIX DR ROSEVILLE, CA 956613959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
RANGER ROAD8863 GREENBACK LN ORANGEVALE, CA 956624059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENRYN PARENT-TEACHER CLUB PO BOX 348 PENRYN, CA 956630569	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MERCY FOUNDATION 3400 DATA DR 3RD FL RANCHO CORDOVA, CA 956707956	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,500
PLACER COUNTY SOCIETY FOR THE PREVE 150 CORPORATION YARD RD ROSEVILLE, CA 956781465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLNESS WITHIN609 OAK ST ROSEVILLE, CA 956783245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
EL DORADO COUNTY GERMAN SHEPHERD RE 5820 MARYBELLE LN SHINGLE SPGS, CA 956828371	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARC OF AMADOR AND CALAVERAS 75 ACADEMY DR SUTTER CREEK, CA 956854212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENA ADOBE HISTORICAL SOCIETY 618 EAST MAIN STREET VACAVILLE, CA 956883933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET VACAVILLE, CA 956884641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET VACAVILLE, CA 956884641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET VACAVILLE, CA 956884641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
LUCKY ONES RANCH 3786 CANTELOW RD VACAVILLE, CA 956889797	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
CENTER FOR LAND-BASED LEARNING 5265 PUTAH CREEK RD WINTERS, CA 956949629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANITE BAY FCPO BOX 2221 GRANITE BAY, CA 957462221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GRANITE BAY FCPO BOX 2221 GRANITE BAY, CA 957462221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PRIDE INDUSTRIES 10030 FOOTHILLS BLVD ROSEVILLE, CA 957477102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FAMILY PROMISE OF SACRAMENTO P O BOX 1378 SACRAMENTO, CA 958121378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PACIFIC LEGAL FOUNDATION930 G ST SACRAMENTO, CA 958141802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO HOUSING ALLIANCE 909 12TH STREET SUITE 114 SACRAMENTO, CA 958142920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CALIFORNIA BICYCLE COALITION EDUCAT 1017 L STREET 288 SACRAMENTO, CA 958143805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GREATER SACRAMENTO AREA ECONOMIC CO 400 CAPITOL MALL STE 2520 SACRAMENTO, CA 958144407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO BUSINESS SERVICES CENTER 1451 RIVER PARK DRIVE SUITE 220 SACRAMENTO, CA 958154512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
AFRICAN HOPE FUND 1900 POINT WEST WY 190 SACRAMENTO, CA 958154703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	290
THEATRE FOR CHILDREN INC 2700 CAPITOL AVENUE SACRAMENTO, CA 958163212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BOULEVARD SACRAMENTO, CA 958172215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	528
SACRAMENTO FOOD BANK SERVICES 3333 THIRD AVE SACRAMENTO, CA 958172808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
SACRAMENTO FOOD BANK SERVICES 3333 THIRD AVE SACRAMENTO, CA 958172808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO AREA EMERGENCY HOUSING C 2925 34TH ST SACRAMENTO, CA 958173113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE YMCA OF SUPERIOR CALIFORNIA 1926 V ST SACRAMENTO, CA 958181624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	302
UNIVERSITY FOUNDATION AT SACRAMENTO 6000 J STREET SACRAMENTO, CA 958196030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY FOUNDATION AT SACRAMENTO 6000 J STREET SACRAMENTO, CA 958196030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY FOUNDATION AT SACRAMENTO 6000 J STREET SACRAMENTO, CA 958196030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MUTUAL HOUSING CALIFORNIA 8001 FRUITRIDGE RD STE A SACRAMENTO, CA 958206760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3434 MARCONI AVENUE SACRAMENTO, CA 958216242	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2717 COTTAGE WAY 17 SACRAMENTO, CA 958251233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
JDRF INTERNATIONAL 950 FULTON AVE SUITE 150 SACRAMENTO, CA 958254515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF SACRAMENTO INC 778 UNIVERSITY AVE SACRAMENTO, CA 958256703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ALLIANCE FOR EDUCATION SOLUTIONS IN 6420 HARMON DR SACRAMENTO, CA 958311054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR EDUCATION SOLUTIONS IN 6420 HARMON DR SACRAMENTO, CA 958311054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO, CA 958339755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO, CA 958339755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR UCP OF GREATER SACRA 4350 AUBURN BLVD SACRAMENTO, CA 958414107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POINT WEST ROTARY CLUB FOUNDATION PO BOX 15006 SACRAMENTO, CA 958510006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
POINT WEST ROTARY CLUB FOUNDATION PO BOX 15006 SACRAMENTO, CA 958510006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
POINT WEST ROTARY CLUB FOUNDATION PO BOX 15006 SACRAMENTO, CA 958510006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 13558 SACRAMENTO, CA 958533558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FROM THE GROUND UP FARMS INC 1692 MANGROVE AVE PMB 105 CHICO, CA 959262648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CAST HOPEPO BOX 3740 CHICO, CA 959273740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260 CHICO, CA 959285374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 567 E 16TH STREET CHICO, CA 959286118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FOOTHILL HOUSE HOSPITALITY 1262 SUTTON WAY GRASS VALLEY, CA 959453223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP AUGUSTA INCORPORATED 17530 LAKE VERA RD NEVADA CITY, CA 959599416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SOJOURNERS HOUSE ON THE RIDGE PO BOX 892 PARADISE, CA 959670892	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YUBA SUTTER ECONOMIC DEVELOPMENT CO 950 THARP RD STE 1303 YUBA CITY, CA 959938351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPIRE HOTEL EHARC INC 1237 CALIFORNIA ST REDDING, CA 960010618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NVCSS BECHELLI LANE INC 2400 WASHINGTON AVE REDDING, CA 960012802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SIMPSON UNIVERSITY 2211 COLLEGE VIEW DR REDDING, CA 960038601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMPSON UNIVERSITY 2211 COLLEGE VIEW DR REDDING, CA 960038601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORCAL THINK PINK INC PO BOX 492191 REDDING, CA 960492191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHASTA COLLEGE FOUNDATION PO BOX 496006 REDDING, CA 960496006	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED BLUFF COMMUNITY SOBER GRAD ORGA PO BOX 9311 RED BLUFF, CA 960806071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
SHASTA LIBRARY FOUNDATION PO BOX 993366 REDDING, CA 960993366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
REDDING WEST ROTARY FOUNDATION PO BOX 993928 REDDING, CA 960993928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMCATCHER WILD HORSE AND BURRO PO BOX 9 RAVENDALE, CA 961230009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEAGUE TO SAVE LAKE TAHOE 2608 LAKE TAHOE BLVD S LAKE TAHOE, CA 961507709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE ZAWADISHA FUNDPO BOX 1517 TRUCKEE, CA 961601517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH FIVES NONPROFIT FOUNDATION 10775 PIONEER TRAIL TRUCKEE, CA 961610232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	920
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 961628816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 961628816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE COMMUNITY LAND TRUST PO BOX 1179 HALEIWA, HI 967121179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NA LEO O HAWAII INC91 MOHOULI ST HILO, HI 967204146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE FOOD BASKET INC40 HOLOMUA ST HILO, HI 967205102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEARTS SCHOOL & EARLY LEARNI 239 DICKENSON STREET LAHAINA, HI 967611204	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
PEACHES KOKUA HUI 1419 WAIMANO HOME RD PEARL CITY, HI 967822133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PEACHES KOKUA HUI 1419 WAIMANO HOME RD PEARL CITY, HI 967822133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC WHALE FOUNDATION 300 MAALAEA RD 211 WAILUKU, HI 967935922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MAKE A WISH HAWAII INC PO BOX 1877 HONOLULU, HI 968051877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
IOLANI RAIDERS BOOSTERS CLUB PO BOX 3644 HONOLULU, HI 968113644	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAII PACIFIC UNIVERSITY 1132 BISHOP STREET SUITE 307 HONOLULU, HI 968132882	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
HAWAIIAN MISSION CHILDRENS SOCIETY 553 S KING ST HONOLULU, HI 968133002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CONSERVATION COUNCIL FOR HAWAII 250 WARD AVENUE SUITE 215 HONOLULU, HI 968144015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 4155 DIAMOND HEAD ROAD HONOLULU, HI 968164417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2370 NUUANU AVE HONOLULU, HI 968171714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 968172336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS HAWAII INC 418 KUWILI ST STE 106 HONOLULU, HI 968175364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHALA PUA SCHOOL350 ULUA ST HONOLULU, HI 968212146	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
MID-PACIFIC INSTITUTE2445 KAALA ST HONOLULU, HI 968222204	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MID-PACIFIC INSTITUTE2445 KAALA ST HONOLULU, HI 968222204	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST RM 101 HONOLULU, HI 968222388	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST RM 101 HONOLULU, HI 968222388	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVIN & SUSIE HAWAII ANIMAL FOUNDA PO BOX 25881 HONOLULU, HI 968250881	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
IOLANI SCHOOL563 KAMOKU ST HONOLULU, HI 968265245	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS CANCER THERAPY DEVELOPMEN 12655 SW BEAVERDAM RD BEAVERTON, OR 970052129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGIA SOPHIA ACADEMY 14485 SW WALKER RD BEAVERTON, OR 970066041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NANCY RYLES ELEMENTARY SCHOOL 10250 SW CORMORANT DR BEAVERTON, OR 970078452	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
SEXTON MOUNTAIN PARENT TEACHER CLUB 15645 SW SEXTON MOUNTAIN DR BEAVERTON, OR 970070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE TURTLES7227 SW LINETTE WAY BEAVERTON, OR 970075095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
COLTON ELEMENTARY SCHOOL 30437 S GRAYS HILL RD COLTON, OR 970179796	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
COLTON ELEMENTARY SCHOOL 30437 S GRAYS HILL RD COLTON, OR 970179796	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND EQUINE OPTIONSPO BOX 1150 GRESHAM, OR 970300248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLUMBIA RIVERKEEPER111 3RD ST HOOD RIVER, OR 970312009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,006
LAKE OSWEGO SCHOOL DIST FOUNDATION P O BOX 70 LAKE OSWEGO, OR 970340070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE OSWEGO SCHOOL DIST FOUNDATION P O BOX 70 LAKE OSWEGO, OR 970340070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COUNTRY CHRISTIAN SCHOOL 16975 S HIGHWAY 211 MOLALLA, OR 970387606	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
COUNTRY CHRISTIAN SCHOOL 16975 S HIGHWAY 211 MOLALLA, OR 970387606	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA COUNTY SHERIFFS VOLUNTEERS 901 PORT AVE SAINT HELENS, OR 970513018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WARREN PARENT ASSOCIATION 34555 BERG RD WARREN, OR 970539611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GRACE & HOPE FOR CHILDREN 16 NE SANDY DELL RD TROUTDALE, OR 970608611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COAST LAND CONSERVANCY INC PO BOX 67 SEASIDE, OR 971380067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEEN REACH 21550 SW OLD KRUGER RD SHERWOOD, OR 971408642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YAMHILL CARLTON SD 1 310 EAST MAIN STREET YAMHILL, OR 971480068	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND STATE UNIVERSITY FOUNDATIO PO BOX PORTLAND, OR 972010751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
FINANCIAL BEGINNINGS OREGON 1326 SW 12TH AVE STE 300 PORTLAND, OR 972013352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NORTHWEST PILOT PROJECT INC 1430 SW BROADWAY STE 200 PORTLAND, OR 972013517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF OREGON IN 2000 SW FIRST AVE SUITE 410 PORTLAND, OR 972015363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,505
MAKE A WISH FOUNDATION OF OREGON IN 2000 SW FIRST AVE SUITE 410 PORTLAND, OR 972015363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ST MARYS ACADEMY1615 SW 5TH AVE PORTLAND, OR 972015403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND STATE UNIVERSITY FOUNDATIO 1600 SW 4TH AVE STE 730 PORTLAND, OR 972015519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PORTLAND BUSINESS ALLIANCE CHARITAB 200 SW MARKET STREET SUITE 150 PORTLAND, OR 972015705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
GREATER PORTLAND ECONOMIC INSTITUTE 111 SW COLUMBIA ST STE 830 PORTLAND, OR 972015813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	49,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED INSTITUTE 3203 SE WOODSTOCK BLVD PORTLAND, OR 972028199	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD PORTLAND, OR 972035743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
UNIVERSITY CLUB FOUNDATION INC 1225 SW 6TH AVE PORTLAND, OR 972041001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEATH WITH DIGNITY NATIONAL CENTER 520 SW 6TH AVE STE 1220 PORTLAND, OR 972041510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
DEATH WITH DIGNITY NATIONAL CENTER 520 SW 6TH AVE STE 1220 PORTLAND, OR 972041510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HISPANIC METROPOLITAN CHAMBER OF CO 333 SW 5TH AVE STE 100 PORTLAND, OR 972041707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER WATCH OF OREGON 213 SW ASH ST SUITE 208 PORTLAND, OR 972042720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WATER WATCH OF OREGON 213 SW ASH ST SUITE 208 PORTLAND, OR 972042720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,177
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,428
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,426
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,030
PORTLAND ART MUSEUM 1219 SW PARK AVENUE PORTLAND, OR 972052486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
OREGON SYMPHONY ASSOCIATION 921 SW WASHINGTON STREET SUITE 200 PORTLAND, OR 972052800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY DOGS NEW LIFE SHELTER 9101 SE STANLEY AVE PORTLAND, OR 972060653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JUNIOR ACHIEVEMENT OF OREGON AND SW 7830 SE FOSTER ROAD PORTLAND, OR 972065140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF OREGON AND SW 7830 SE FOSTER ROAD PORTLAND, OR 972065140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,631
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OREGON AND SW 7830 SE FOSTER ROAD PORTLAND, OR 972065140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 972070010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 972070010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND STATE UNIVERSITY FOUNDATIO 2125 SW 4TH AVE STE 510 PORTLAND, OR 972070243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PORTLAND STATE UNIVERSITY FOUNDATIO 2125 SW 4TH AVE STE 510 PORTLAND, OR 972070243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42,500
PORTLAND STATE UNIVERSITY FOUNDATIO PO BOX 751 PORTLAND, OR 972070751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COLUMBIA-WILLAME PO BOX 4406 PORTLAND, OR 972084406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LEGACY EMANUEL HOSPITAL & HEALTH CE 1919 NW LOVEJOY ST PORTLAND, OR 972091503	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
DOVE LEWIS EMERGENCY ANIMAL HOSPITA 1945 NW PETTYGROVE PORTLAND, OR 972091623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BODYVOX INC1201 NW 17TH AVE PORTLAND, OR 972092404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CHILDRENS CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 972092872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 972092872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERIOD INC422 NW 13TH AVE PMB 215 PORTLAND, OR 972092930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WILD SALMON CENTER 721 NW 9TH AVE SUITE 300 PORTLAND, OR 972093444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILD SALMON CENTER 721 NW 9TH AVE SUITE 300 PORTLAND, OR 972093444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDRE BESSETTE CATHOLIC CHURCH P 601 W BURNSIDE ST PORTLAND, OR 972093614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,815
OREGON JEWISH MUSEUM AND CENTER FOR 724 NW DAVIS ST PORTLAND, OR 972093663	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 2701 NW VAUGHN ST SUITE 203 PORTLAND, OR 972105326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2701 NW VAUGHN ST SUITE 203 PORTLAND, OR 972105326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MINZOTOPO BOX 11814 PORTLAND, OR 972110814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	777
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOOD BY DESIGN4837 NE COUCH ST PORTLAND, OR 972132913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE PORTLAND MEDICAL FOUNDAT 4805 NE GLISAN STREET SUITE 1G14 PORTLAND, OR 972132933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	347
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE PRESERVATION OF 1632 SE 11TH AVENUE PORTLAND, OR 972144702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
FOUNDATION FOR THE PRESERVATION OF 1632 SE 11TH AVENUE PORTLAND, OR 972144702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR THE PRESERVATION OF 1632 SE 11TH AVENUE PORTLAND, OR 972144702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE PRESERVATION OF 1632 SE 11TH AVENUE PORTLAND, OR 972144702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ECHO THEATER COMPANY 1515 SE 37TH AVE PORTLAND, OR 972145131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PORTLAND OPPORTUNITIES INDUSTRIALIZ 717 N KILLINGSWORTH COURT PORTLAND, OR 972172335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROUD GROUND 5288 N INTERSTATE AVE PORTLAND, OR 972173767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OPEN SCHOOL INC 7633 N WABASH AVE PORTLAND, OR 972176031	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
OPEN SCHOOL INC 7633 N WABASH AVE PORTLAND, OR 972176031	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	305
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
JACKSON CHOIR BOOSTER CLUB 10625 SW 35TH AVE PORTLAND, OR 972196960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SCHOOLHOUSE SUPPLIES INC 2735 NE 82ND AVENUE PORTLAND, OR 972205304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF NORTHWEST STEELHEADE 6641 SE LAKE RD MILWAUKIE, OR 972222161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASSOCIATION OF NORTHWEST STEELHEADE 6641 SE LAKE RD MILWAUKIE, OR 972222161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KOMAK7410 SW OLESON RD PMB 373 PORTLAND, OR 972237475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,280
KOMAK7410 SW OLESON RD PMB 373 PORTLAND, OR 972237475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,975
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON EPISCOPAL SCHOOL 6300 SW NICOL RD PORTLAND, OR 972237566	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
EDISON HIGH SCHOOL 9020 SW BVRN HILLSDALE HIGHWAY PORTLAND, OR 972250000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
EDISON HIGH SCHOOL 9020 SW BVRN HILLSDALE HIGHWAY PORTLAND, OR 972250000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISON HIGH SCHOOL 9020 SW BVRN HILLSDALE HIGHWAY PORTLAND, OR 972250000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE ST VINCENT MEDICAL FOUND 9205 SW BARNES RD PORTLAND, OR 972256603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SUNSHINE DIVISION PORTLAND POLICE D 687 N THOMPSON ST PORTLAND, OR 972271820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,815
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSHINE DIVISION PORTLAND POLICE D 687 N THOMPSON ST PORTLAND, OR 972271820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SUNSHINE DIVISION PORTLAND POLICE D 687 N THOMPSON ST PORTLAND, OR 972271820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
XERCES SOCIETY INC 628 NE BROADWAY ST STE 200 PORTLAND, OR 972321324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTINA KERR CENTERS 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ALBERTINA KERR CENTERS 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	454
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
ALL HANDS RAISED2069 NE HOYT ST PORTLAND, OR 972322996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALL HANDS RAISED2069 NE HOYT ST PORTLAND, OR 972322996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS RAISED2069 NE HOYT ST PORTLAND, OR 972322996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 700 NE MULTNOMAH ST STE 1180 PORTLAND, OR 972324112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 700 NE MULTNOMAH ST STE 210 PORTLAND, OR 972324112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN SOLUTIONS INC 12350 SE POWELL BLVD PORTLAND, OR 972363206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
SPECIAL OLYMPICS OREGON INC 5901 SW MACADAM AVE SUITE 200 PORTLAND, OR 972393621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MEALS ON WHEELS PEOPLE INC PO BOX 19477 PORTLAND, OR 972800477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS PEOPLE INC PO BOX 19477 PORTLAND, OR 972800477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PORTLAND COMMUNITY COLLEGE FOUNDATI PO BOX 19000 SY CC 234 PORTLAND, OR 972800990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PACIFIC PRINTING INDUSTRIES EDUCATI PO BOX 23575 PORTLAND, OR 972813575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERAL CAT COALITION OF OREGON PO BOX 82734 PORTLAND, OR 972820734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
IMPACT NWPO BOX 33530 PORTLAND, OR 972923530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
IMPACT NWPO BOX 33530 PORTLAND, OR 972923530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST BLUE CRUSH AQUATIC CLUB PO BOX 301164 PORTLAND, OR 972949164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
MARION-POLK FOOD SHARE INC 1660 SALEM INDUSTRIAL DR NE SALEM, OR 973010374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
MARION-POLK FOOD SHARE INC 1660 SALEM INDUSTRIAL DR NE SALEM, OR 973010374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 973301462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DOWNTOWN ASSOCIATION PO BOX 903 DALLAS, OR 973380903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUB OF THE GREATER 305 S 5TH ST LEBANON, OR 973552700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF THE GREATER 305 S 5TH ST LEBANON, OR 973552700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY - MT ANGEL ARE PO BOX 852 MOUNT ANGEL, OR 973620852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROJECT LIVING HOPEPO BOX F STAYTON, OR 973830996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EUGENE SYMPHONY ASSOCIATION INC 115 W 8TH AVE STE 115 EUGENE, OR 974012973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ANIMAL-ASSISTED CRISIS RESPONS 1292 HIGH STREET 182 EUGENE, OR 974013238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MCKENZIE RIVER TRUST1245 PEARL ST EUGENE, OR 974013522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EUGENE OPERA1590 WILLAMETTE ST EUGENE, OR 974014048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANE WORKFORCE PARTNERSHIP 1401 WILLAMETTE ST 2ND FLOOR EUGENE, OR 974014643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FANCONI ANEMIA RESEARCH FUND INC 1801 WILLAMETTE ST STE 200 EUGENE, OR 974018054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EUGENE CREATIVE CAREPO BOX 25940 EUGENE, OR 974020461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUGENE CREATIVE CAREPO BOX 25940 EUGENE, OR 974020461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EUGENE CREATIVE CAREPO BOX 25940 EUGENE, OR 974020461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 1210 OAK PATCH RD EUGENE, OR 974023252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SQUAREONE VILLAGES458 BLAIR BLVD EUGENE, OR 974024511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 974025451	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF HENDRICKS PARK PO BOX 3784 EUGENE, OR 974030784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANE COMMUNITY COLLEGE FOUNDATION 4000 E 30TH AVE EUGENE, OR 974050640	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UGANDA FISTULA FUND FOR TERREWODE 2293 ALDER ST EUGENE, OR 974052943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ANGEL HAIR FOUNDATION INC 2783 SUNCREST AVE EUGENE, OR 974055923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANGEL HAIR FOUNDATION INC 2783 SUNCREST AVE EUGENE, OR 974055923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH OF EUGENE OREG 3550 FOX MEADOW RD EUGENE, OR 974087424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
COOS ART MUSEUM 235 ANDERSON AVE COOS BAY, OR 974201610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COTTAGE GROVE GENEALOGICAL SOCIETY PO BOX 388 COTTAGE GROVE, OR 974240015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTAGE THEATRE700 VILLAGE DR COTTAGE GROVE, OR 974249552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE JOHN G SHEDD INSTITUTE FOR THE PO BOX 1497 EUGENE, OR 974401497	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PEACEHEALTH SACRED HEART MEDICAL CE PO BOX 10905 EUGENE, OR 974402905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEHEALTH SACRED HEART MEDICAL CE PO BOX 10905 EUGENE, OR 974402905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OREGON CHILDRENS CHOIR ASSOCIATION PO BOX 11007 EUGENE, OR 974403007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EUGENE PARKS FOUNDATION PO BOX 11618 EUGENE, OR 974403818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUGENE PARKS FOUNDATION PO BOX 11618 EUGENE, OR 974403818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 171 JUNCTION CITY, OR 974480171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN OREGON HISTORICAL SOCIETY 106 N CENTRAL AVE MEDFORD, OR 975015926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAMORE FOUNDATION 4723 HIGHWAY 66 ASHLAND, OR 975209018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KLAMATH LAKE LAND TRUST PO BOX 5124 KLAMATH FALLS, OR 976010120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 224 NE THURSTON AVENUE BEND, OR 977013852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHARLES MEDICAL CENTER FOUNDATIO 2500 NE NEFF RD BEND, OR 977016015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTRAL OREGON LANDWATCH 50 SW BOND STREET STE 4 BEND, OR 977021699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CENTRAL OREGON LANDWATCH 50 SW BOND STREET STE 4 BEND, OR 977021699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORNING STAR CHRISTIAN SCHOOL 19741 BAKER RD BEND, OR 977027961	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NEIGHBORIMPACT2303 SW 1ST ST REDMOND, OR 977560000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
REDMONDS SPIRIT FOUNDATION PO BOX 1127 REDMOND, OR 977565513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALLOWA RESOURCES 401 NE 1ST ST STE A ENTERPRISE, OR 978281186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WORLD VISION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980019520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	649
WORLD VISION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980019520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,248
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980019520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,499
WORLD VISION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980019520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
BELLEVUE CHRISTIAN SCHOOL 1601 98TH AVE NE BELLEVUE, WA 980043453	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVE NE BELLEVUE, WA 980044604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVE NE BELLEVUE, WA 980044604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OVERLAKE HOSPITAL MEDICAL CENTER 1035 116TH AVE NE BELLEVUE, WA 980044624	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET PARTNERS 345 118TH AVE SE SUITE 200 BELLEVUE, WA 980053587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
PET PARTNERS 345 118TH AVE SE SUITE 200 BELLEVUE, WA 980053587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BELLEVUE BIG PICTURE PTSA 14844 SE 22ND ST BELLEVUE, WA 980076336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL SUITE 200 BELLEVUE, WA 980076347	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL SUITE 200 BELLEVUE, WA 980076347	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST ANDREWS LUTHERAN CHURCH 2650 148TH AVE SE BELLEVUE, WA 980076452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST ANDREWS LUTHERAN CHURCH 2650 148TH AVE SE BELLEVUE, WA 980076452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIGNITY FOR DIVASPO BOX 283 BELLEVUE, WA 980090283	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHINA TOMORROW EDUCATION FOUNDATION PO BOX 1584 BELLEVUE, WA 980091584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PACE AT WOODMOOR 12225 NE 160TH ST BOTHELL, WA 980114167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERNWOOD ELEMENTARY 3933 JEWELL RD BOTHELL, WA 980127331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	90
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BELLEVUE POLICE FOUNDATION PO BOX 40153 BELLEVUE, WA 980150153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMSKRITA BHARATIPO BOX 50606 BELLEVUE, WA 980150606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OVERLAKE SERVICE LEAGUE PO BOX 53203 BELLEVUE, WA 980153203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
KNIGHT ATHLETIC BOOSTER ASSOCIATION PO BOX 40261 BELLEVUE, WA 980154261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JULIANAS ANIMAL SANCTUARY INC 23327 FRIAR TUCK LN EDMONDS, WA 980205109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
CRYSTAL SPRINGS ELEMENTARY 21615 9TH AVE SE BOTHELL, WA 980217697	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRYSTAL SPRINGS ELEMENTARY 21615 9TH AVE SE BOTHELL, WA 980217697	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
NORTHSHORE SCHOOLS FOUNDATION 3330 MONTE VILLA PARKWAY BOTHELL, WA 980218972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JAQUITH MINISTRIES INTERNATIONAL 22811 14TH PL W BOTHELL, WA 980219143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SNOQUALMIE VALLEY SCHOOLS FOUNDATIO PO BOX 724 FALL CITY, WA 980240724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
KING COUNTY LIBRARY SYSTEM FOUNDATI 960 NEWPORT WAY NW ISSAQUAH, WA 980272702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
EDUCATION FOUNDATION OF THE PHILIPP 8913 NE 148TH PL KENMORE, WA 980284713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASTYR UNIVERSITY 14500 JUANITA DRIVE NE KENMORE, WA 980284966	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DR SE ISSAQUAH, WA 980297219	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
INTERNATIONAL COMMUNITY SCHOOL PTSA 11133 NE 65TH ST KIRKLAND, WA 980337116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL COMMUNITY SCHOOL PTSA 11133 NE 65TH ST KIRKLAND, WA 980337116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
IMAGINE HOUSING 10604 NE 38TH PLACE SUITE 215 KIRKLAND, WA 980337932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
RADIO ENTHUSIASTS OF PUGET SOUND 9811 NE 139TH STREET KIRKLAND, WA 980341806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN AMERICAN EDUCATION FOUNDATIO 8501 NE 110TH PL KIRKLAND, WA 980343543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
VINE MAPLE PLACEPO BOX 1092 MAPLE VALLEY, WA 980381092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
MEDINA ELEMENTARY SCHOOL PO BOX 247 MEDINA, WA 980390247	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIRAN ANJALI PROJECTPO BOX 757 MERCER ISLAND, WA 980400757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MERCER ISLAND SCHOOLS FOUNDATION PO BOX 1243 MERCER ISLAND, WA 980401243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MERCER ISLAND SCHOOLS FOUNDATION PO BOX 1243 MERCER ISLAND, WA 980401243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 1305 BOTHELL, WA 980411305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,170
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CHILDRENS NETWORK PO BOX 7695 COVINGTON, WA 980420045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOOTPRINTS OF FIGHT 18411 SE 242ND CT COVINGTON, WA 980424892	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ENCOMPASS NORTHWEST 1407 BOALCH AVE NW NORTH BEND, WA 980457994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUILTERS ANONYMOUSPO BOX 322 LYNNWOOD, WA 980460322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EASTSIDE FOOTBALL CLUBPO BOX 284 PRESTON, WA 980500284	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDS PLAY 8151 164TH AVE NE PMB 418 REDMOND, WA 980523807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STELLA SCHOLA PTO 13505 NE 75TH ST STE P-7 REDMOND, WA 980524032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MEITO SHODO KAI6611 147TH CT NE REDMOND, WA 980524610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEAR CREEK SCHOOL 8905 208TH AVE NE REDMOND, WA 980534506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHPOINT955 POWELL AVE SW RENTON, WA 980572908	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
PROVIDENCE ST JOSEPH HEALTH FOUNDAT 1801 LIND AVE SW NO 9016 RENTON, WA 980573368	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
RIDGEWOOD ELEMENTARY SCHOOL 18030 162ND PLACE SE RENTON, WA 980589199	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	528
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	18,807
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	23,146
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,200
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	411
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,585
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 980639716	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,085
WORLD VISION FOUNDATION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,338
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION FOUNDATION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,397
WORLD VISION FOUNDATION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,135
WORLD VISION FOUNDATION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION FOUNDATION 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
VASHON ISLAND PET PROTECTORS PO BOX 245 VASHON, WA 980700245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ATHLETES FOR KIDS 3020 ISSAQUAH-PINE LK RD 254 SAMMAMISH, WA 980757253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRONG4SAM25823 SE 31ST PL SAMMAMISH, WA 980759180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ABSOLUTE MINISTRIES 1402 LAKE TAPPS PKWY E STE 104-276 AUBURN, WA 980928157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUBURN RIVERSIDE HIGH SCHOOL BOOSTE 1402 LAKE TAPPS PKWY SE STE F104 35 AUBURN, WA 980928157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN RIVERSIDE HIGH SCHOOL BOOSTE 1402 LAKE TAPPS PKWY SE STE F104 35 AUBURN, WA 980928157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SIGHTLINE INSTITUTE 1402 3RD AVE 500 SEATTLE, WA 981010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,042
SIGHTLINE INSTITUTE 1402 3RD AVE 500 SEATTLE, WA 981010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 981011010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 981011010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 981011010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER FIRST INTERNATIONAL 1904 3RD AVE STE 1012 SEATTLE, WA 981011123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FARESTART700 VIRGINIA ST SEATTLE, WA 981011216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FARESTART700 VIRGINIA ST SEATTLE, WA 981011216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE BAR FOUNDATION 1325 4TH AVE STE 600 SEATTLE, WA 981012539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LEADERSHIP TOMORROW 1301 5TH AVE STE 1500 SEATTLE, WA 981012673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TOWN HALL ASSOCIATION 1119 8TH AVE SEATTLE, WA 981012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWN HALL ASSOCIATION 1119 8TH AVE SEATTLE, WA 981012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
VIRGINIA MASON MEDICAL CENTER 1100 9TH AVE SEATTLE, WA 981012756	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 981013001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATERGOOD ORG 600 UNIVERSITY ST STE 1000 SEATTLE, WA 981014107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GREATERGOOD ORG 600 UNIVERSITY ST STE 1000 SEATTLE, WA 981014107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
EDUCURIOUS PARTNERS 2815 EASTLAKE AVE E STE 220 SEATTLE, WA 981023086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCURIOUS PARTNERS 2815 EASTLAKE AVE E STE 220 SEATTLE, WA 981023086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CAMP SOLOMON SCHECHTER INC 117 E LOUISA ST BOX 110 SEATTLE, WA 981023203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
MUSIC CENTER OF THE NORTHWEST INC 901 N 96TH ST SEATTLE, WA 981033207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COA USA9008 LINDEN AVE N SEATTLE, WA 981033946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WASHINGTON WILD305 N 83RD ST SEATTLE, WA 981034217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,580
EPILEPSY FOUNDATION NORTHWEST 2311 NORTH 45TH STREET 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
O'DEA HIGH SCHOOL 802 TERRY AVENUE SEATTLE, WA 981041238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE YOUNG MENS CHRISTIAN ASSOCIATIO 909 4TH AVE SEATTLE, WA 981041108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE YOUNG MENS CHRISTIAN ASSOCIATIO 909 4TH AVE SEATTLE, WA 981041108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 909 4TH AVE SEATTLE, WA 981041108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 909 4TH AVE SEATTLE, WA 981041108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE STE 520 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE STE 520 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE STE 520 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE STE 520 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN EMERGENCY SERVICE CENTER 515 3RD AVE SEATTLE, WA 981042304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DOWNTOWN EMERGENCY SERVICE CENTER 515 3RD AVE SEATTLE, WA 981042304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DOWNTOWN EMERGENCY SERVICE CENTER 515 3RD AVE SEATTLE, WA 981042304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULL LIFE CARE 800 JEFFERSON ST STE 620 SEATTLE, WA 981042421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SOCIAL VENTURE PARTNERS 220 2ND AVE SOUTH 3RD FLOOR SEATTLE, WA 981042617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CHIEF SEATTLE CLUB 410 - 2ND AVENUE EXTENSION SOUTH SEATTLE, WA 981042876	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 5130 40TH AVE NE SEATTLE, WA 981053055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KUOW-PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 981054530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	545
KUOW-PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 981054530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOTS YOUNG ADULT SHELTER 1415 NE 43RD ST SEATTLE, WA 981055804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PATHFINDER PTSA 1901 SW GENESEE ST SEATTLE, WA 981061280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
WEST WOODLAND PTA 5601 4TH AVE NW SEATTLE, WA 981072718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE PARKS FOUNDATION 1752 NW MARKET ST 744 SEATTLE, WA 981075264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIGHT AND LOVE HOME 4716 BEACON AVE S SEATTLE, WA 981081551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REFUGEE WOMENS ALLIANCE 4008 MARTIN LUTHER KING JR WAY S SEATTLE, WA 981081623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5601 6TH AVE S SUITE 460 SEATTLE, WA 981082544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
BIG BROTHERS BIG SISTERS OF PUGET S 1600 S GRAHAM ST SEATTLE, WA 981082821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PIONEER HUMAN SERVICES 7440 W MARGINAL WAY S SEATTLE, WA 981084141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON ST STE 100 SEATTLE, WA 981091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N SEATTLE, WA 981094433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SEATTLE REPERTORY THEATRE 155 MERCER ST SEATTLE, WA 981094639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,900
SEATTLE REPERTORY THEATRE 155 MERCER ST SEATTLE, WA 981094639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE REPERTORY THEATRE 155 MERCER ST SEATTLE, WA 981094639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SIFF305 HARRISON STREET SEATTLE, WA 981094708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE, WA 981095263	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTEN EVERETT FOUNDATION 500 YALE AVE N100 SEATTLE, WA 981095680	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BAINBRIDGE ISLAND LAND TRUST P O BOX 10144 BAINBRIDGE ISLAND, WA 981100144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAINBRIDGE ISLAND LAND TRUST P O BOX 10144 BAINBRIDGE ISLAND, WA 981100144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 981101840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SEASHARE 600 ERICKSEN AVE NE STE 310 BAINBRIDGE ISLAND, WA 981102836	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
IRESPOND GLOBAL 284 MADRONA WAY NE SUITE 228 BAINBRIDGE ISLAND, WA 981102870	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAINBRIDGE COMMUNITY FOUNDATION 221 WINSLOW WAY W STE 305 BAINBRIDGE IS, WA 981104918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSING RESOURCES BAINBRIDGE 730 ERICKSEN AVE NE BAINBRIDGE IS, WA 981105391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 981113181	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE SYMPHONY ORCHESTRA INC PO BOX 21906 SEATTLE, WA 981113906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
SEATTLE HEBREW ACADEMY 1617 INTERLAKEN DR E SEATTLE, WA 981123430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
ST JOSEPH SCHOOL700 18TH AVE E SEATTLE, WA 981123928	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE JUNIPER FUNDPO BOX 30829 SEATTLE, WA 981130829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE, WA 981143097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE, WA 981143097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE, WA 981143097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS PO BOX 3097 SEATTLE, WA 981143097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINATOWN INTERNATIONAL DISTRICT PR PO BOX 3302 SEATTLE, WA 981143302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
DECATUR ELEMENTARY PTA PO BOX 51091 SEATTLE, WA 981151091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RYTHER2400 NE 95TH ST SEATTLE, WA 981152426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MOUNTAINEERS 7700 SAND PT WAY NE SEATTLE, WA 981153996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BILLINGS MIDDLE SCHOOL 7217 WOODLAWN AVE NE SEATTLE, WA 981155335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BILLINGS MIDDLE SCHOOL 7217 WOODLAWN AVE NE SEATTLE, WA 981155335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAND POINT ELEMENTARY PTA 6208 60TH AVE NE SEATTLE, WA 981157944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,145
EDUCATION FIRST 4701 SW ADMIRAL WAY 149 SEATTLE, WA 981162340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LAFAYETTE PARENT-TEACHER ASSOCIATIO 2645 CALIFORNIA AVE SW SEATTLE, WA 981162404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ROSARY CHURCH 4139 42ND AVE SW SEATTLE, WA 981164201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,900
HOLY ROSARY CHURCH 4139 42ND AVE SW SEATTLE, WA 981164201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,100
ONE DAYS WAGESPO BOX 18071 SEATTLE, WA 981180071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION ACROSS BORDERS 5623 RAINIER AVE S SEATTLE, WA 981182244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMARA 5907 MARTIN LUTHER KING JR WAY S SEATTLE, WA 981182625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE KLINE GALLAND CENTER 7500 SEWARD PARK AVE S SEATTLE, WA 981184247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN ANNE HELPLINE INC 311 WEST MCGRAW STREET SEATTLE, WA 981190000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
MILLIONAIR CLUB INC 2515 WESTERN AVE SEATTLE, WA 981211307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLIONAIR CLUB INC 2515 WESTERN AVE SEATTLE, WA 981211307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LOW INCOME HOUSING INSTITUTE 2407 FIRST AVE SEATTLE, WA 981211311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SOUND GENERATIONS 2208 2ND AVE SUITE 100 SEATTLE, WA 981212055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND GENERATIONS 2208 2ND AVE SUITE 100 SEATTLE, WA 981212055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUND GENERATIONS 2208 2ND AVE SUITE 100 SEATTLE, WA 981212055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUND GENERATIONS 2208 2ND AVE SUITE 100 SEATTLE, WA 981212055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE-KING COUNTY WORKFORCE DEVEL 2003 WESTERN AVE STE 250 SEATTLE, WA 981212162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SEATTLE-KING COUNTY WORKFORCE DEVEL 2003 WESTERN AVE STE 250 SEATTLE, WA 981212162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55,000
JEWISH FEDERATION OF GREATER SEATTL 2033 6TH AVE SUITE 810 SEATTLE, WA 981212567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE UNIVERSITY901 12TH AVE SEATTLE, WA 981221090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SEATTLE UNIVERSITY901 12TH AVE SEATTLE, WA 981221090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SEATTLE UNIVERSITY901 12TH AVE SEATTLE, WA 981221090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER SEATTLE BUSINESS ASSOC SCHO 400 E PINE ST STE 322 SEATTLE, WA 981222300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
GREATER SEATTLE BUSINESS ASSOC SCHO 400 E PINE ST STE 322 SEATTLE, WA 981222300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GREATER SEATTLE BUSINESS ASSOC SCHO 400 E PINE ST STE 322 SEATTLE, WA 981222300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWERFUL VOICES 1620 18TH AVE STE 100 SEATTLE, WA 981222739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REACT THEATRE 1122 E PIKE ST UNIT 1111 SEATTLE, WA 981223916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEATTLE ACADEMY OF ARTS AND SCI 1201 E UNION ST SEATTLE, WA 981223925	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
THE SEATTLE ACADEMY OF ARTS AND SCI 1201 E UNION ST SEATTLE, WA 981223925	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 981224000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 981224000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KEIRO NORTHWEST 1601 E YESLER WAY SEATTLE, WA 981225640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ONE MIND FOR RESEARCH INC 120 LAKESIDE AVE STE 200 SEATTLE, WA 981226548	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART WITH HEARTPO BOX 94402 SEATTLE, WA 981246702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LAFAYETTE PARENT-TEACHER ASSOCIATIO 2645 CALIFORNIA AVENUE SW SEATTLE, WA 981262339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF GUADALUPE CATHOLIC CHUR 7000 35TH AVE SW SEATTLE, WA 981263212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVOS2600 SW HOLDEN ST SEATTLE, WA 981263505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAHAR EDUCATIONPO BOX 17672 SEATTLE, WA 981271301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WATER FIRST INTERNATIONAL PO BOX 17974 SEATTLE, WA 981271954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOIR OF THE SOUNDPO BOX 33149 SEATTLE, WA 981330149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SHORELINE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SEATTLE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHORELINE COMMUNITY COLLEGE FOUNDAT 16101 GREENWOOD AVE N SHORELINE, WA 981335696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RITECARE OF WASHINGTON 1207 N 152ND ST SHORELINE, WA 981336213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BANCHERO DISABILITY PARTNERS 13732 MIDVALE AVE N APT 103 SEATTLE, WA 981337038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,270
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENSHO1416 S JACKSON ST SEATTLE, WA 981442023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VIETNAMESE COMMUNITY ACTIVITY CENTE 1212 S MAIN ST STE B SEATTLE, WA 981442087	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BUILDING CHANGES 1200 12TH AVE S STE 1200 SEATTLE, WA 981442734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BUILDING CHANGES 1200 12TH AVE S STE 1200 SEATTLE, WA 981442734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THURGOOD MARSHALL PTA 2401 S IRVING ST SEATTLE, WA 981443727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	464
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 981444643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 981444643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	273
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON WOMENS FOUNDATION 2100 24TH AVE S STE 330 SEATTLE, WA 981444645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
WASHINGTON WOMENS FOUNDATION 2100 24TH AVE S STE 330 SEATTLE, WA 981444645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MS S200 SEATTLE, WA 981455005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MS S200 SEATTLE, WA 981455005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MS S200 SEATTLE, WA 981455005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS HOSPITAL & REGIONAL MEDIC PO BOX 50020 SEATTLE, WA 981455020	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHILDRENS HOSPITAL GUILD AS PO BOX 50020 MS S216 SEATTLE, WA 981455020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELLS OF THE SOUNDPO BOX 46606 SEATTLE, WA 981460606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
BELLS OF THE SOUNDPO BOX 46606 SEATTLE, WA 981460606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE CENTER EMERGENCY FOOD ASSOCIA 10829 8TH AVE SW SEATTLE, WA 981462225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EXPLORER WEST AN INDEPENDENT MIDDLE 10015 28TH AVE SW SEATTLE, WA 981463708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
EXPLORER WEST AN INDEPENDENT MIDDLE 10015 28TH AVE SW SEATTLE, WA 981463708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTERRA NW 901 FIFTH AVENUE SUITE 2200 SEATTLE, WA 981642008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHWEST MAHLER FESTIVAL PO BOX 25843 SEATTLE, WA 981651343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NORTHWEST MAHLER FESTIVAL PO BOX 25843 SEATTLE, WA 981651343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVISTA ELEMENTARY 19800 MARINE VIEW DR SW NORMANDY PARK, WA 981664199	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HOSPITALITY HOUSE 1419 SW 150TH ST BURIEN, WA 981661746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HIGHLINE MEDICAL CENTER FOUNDATION 16259 SYLVESTER ROAD SW SUITE 101 BURIEN, WA 981663049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MELVIN G SYRE PTA 19545 12TH AVE NW SHORELINE, WA 981772620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF HOJA NUEVA 1255 NW BLAKELY CT SEATTLE, WA 981774339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TOR PROJECT INC 217 1ST AVE S UNIT 4903 SEATTLE, WA 981949470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WASHINGTON FOUNDATION 407 GERBERDING HALL SEATTLE, WA 981950001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,840
UNIVERSITY OF WASHINGTON FOUNDATION 124 MACKENZIE HALL SEATTLE, WA 981953200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
UNIVERSITY OF WASHINGTON FOUNDATION 124 MACKENZIE HALL SEATTLE, WA 981953200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING HOPE5830 EVERGREEN WAY EVERETT, WA 982033748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
DOMESTIC VIOLENCE SERVICES OF SNOHO P O BOX 7 EVERETT, WA 982060007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVERETT GOSPEL MISSIONPO BOX 423 EVERETT, WA 982060423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERETT ROTARY YOUTH FOUNDATION PO BOX 1225 EVERETT, WA 982061225	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SOROPTIMIST INTERNATIONAL OF EVERET PO BOX 1492 EVERETT, WA 982061492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WHATCOM FAMILY YOUNG MENS CHRISTIAN 1256 N STATE ST BELLINGHAM, WA 982255016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY COUNCIL 1111 CORNWALL AVE BELLINGHAM, WA 982255039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MUSIC FOR LIFE INSTITUTE PO BOX 29690 BELLINGHAM, WA 982281690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CENTRAL ELEMENTARYPO BOX 187 FERNDALE, WA 982489147	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLERIDGE ELEMENTARY PTO PO BOX 1127 FERNDALE, WA 982481127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LYNDEN CHRISTIAN SCHOOL 417 LYNCS DR LYNDEN, WA 982641649	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MARYSVILLE PILCHUCK HIGH SCHOOL 5611 108TH ST NE MARYSVILLE, WA 982718898	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON SCHOOL PARENT GROUP 907 E FIR ST MOUNT VERNON, WA 982732971	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HELPING HANDS FOOD BANK OF SEDRO WO PO BOX 632 SEDRO WOOLLEY, WA 982840632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SAVE-A-MUTTPO BOX 423 SILVANA, WA 982870423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADOS SAFE HAVENPO BOX 171 SULTAN, WA 982940171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIG HARBOR TIDES SCHOLARSHIP FOUNDA PO BOX 2674 GIG HARBOR, WA 983354674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KITSAP IMMIGRANT ASSISTANCE CENTER PO BOX 1276 BREMERTON, WA 983370508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COFFEE OASIS837 4TH ST BREMERTON, WA 983371424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
RESCUE EVERY DOGPO BOX 1741 KINGSTON, WA 983461741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JAXONS CUREPO BOX 152 PORT ORCHARD, WA 983660152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 983664414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS PUYALLUP 302 2ND ST SE PUYALLUP, WA 983723220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BETHEL SCHOOL DISTRICT 516 176TH ST E SPANAWAY, WA 983878399	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF KITSAP COUNTY PO BOX 1003 TRACYTON, WA 983931003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRANCISCAN FOUNDATION WASHINGTON PO BOX 1502 TACOMA, WA 984011502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DEGREES OF CHANGEPO BOX 1573 TACOMA, WA 984011573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEGREES OF CHANGEPO BOX 1573 TACOMA, WA 984011573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUNRISE ELEMENTARY PTA NORTHSHORE C 1304 FAWCETT AVE STE 300 TACOMA, WA 984021901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	998
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOPESPARKS6424 N 9TH ST TACOMA, WA 984062091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	271
HOPESPARKS6424 N 9TH ST TACOMA, WA 984062091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIREFIGHTERS CHARITY FUND 1109 S 50TH ST TACOMA, WA 984083613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF PUGET SOUND OFFICE OF ANNUAL GIVING - 1500 N WARNER 1067 TACOMA, WA 984161067	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF PUGET SOUND OFFICE OF ANNUAL GIVING - 1500 N WARNER 1067 TACOMA, WA 984161067	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLTOP ARTISTS IN RESIDENCE PROGRA PO BOX 6829 TACOMA, WA 984170381	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
EXECUTIVE COUNCIL FOR THE JOB CARR PO BOX 7609 TACOMA, WA 984170609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
EXECUTIVE COUNCIL FOR THE JOB CARR PO BOX 7609 TACOMA, WA 984170609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXECUTIVE COUNCIL FOR THE JOB CARR PO BOX 7609 TACOMA, WA 984170609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EXECUTIVE COUNCIL FOR THE JOB CARR PO BOX 7609 TACOMA, WA 984170609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 985011138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL HIGH SCHOOL PARENT ORGANIZA 2707 CONGER AVENUE NW OLYMPIA, WA 985023461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SUNRISE BEACH SCHOOL 6101 MINK ST NW OLYMPIA, WA 985029542	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
THURSTON COUNTY FAIR FOUNDATION 3054 CARPENTER RD SE OLYMPIA, WA 985033961	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THURSTON COUNTY FAIR FOUNDATION 3054 CARPENTER RD SE OLYMPIA, WA 985033961	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
WEST COAST LATVIAN EDUCATION CENTER 3902 SAN MAR DR NE OLYMPIA, WA 985065248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WEST COAST LATVIAN EDUCATION CENTER 3902 SAN MAR DR NE OLYMPIA, WA 985065248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLYMPIA DIAMOND BACKERS PO BOX 2661 OLYMPIA, WA 985072661	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NORTH THURSTON EDUCATION FOUNDATION PO BOX 3312 LACEY, WA 985093312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTH PUGET SOUND COMMUNITY COLLEGE 2011 MOTTMAN RD SW OLYMPIA, WA 985126218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1352 CENTRALIA, WA 985310737	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE CHEHALIS FOUNDATION PO BOX 1608 CHEHALIS, WA 985320400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HARSTINE ISLAND COMMUNITY CLUB PO BOX 1635 SHELTON, WA 985840994	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLF HAVEN INTERNATIONAL 3111 OFFUT LAKE RD TENINO, WA 985899624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOLF HAVEN INTERNATIONAL 3111 OFFUT LAKE RD TENINO, WA 985899624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FOREVER CHANGED INTERNATIONAL 19215 SE 34TH ST STE 106 387 CAMAS, WA 986078830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST COMMUNITY CHURCH 2436 NW ASTOR ST CAMAS, WA 986079313	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CONSTRUCTION WORKERS CHRISTIAN FELL 929 FIR STREET LONGVIEW, WA 986322524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOUSE ON BROADWAY 1105 BROADWAY LONGVIEW, WA 986323830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER COLUMBIA COMMUNITY ACTION COU 1526 COMMERCE AVE LONGVIEW, WA 986324102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOWER COLUMBIA SCHOOL GARDENS PO BOX 785 LONGVIEW, WA 986327513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HAITI FOUNDATION OF HOPE 400 W 8TH ST UNIT 422 422 VANCOUVER, WA 986603445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITI FOUNDATION OF HOPE 400 W 8TH ST UNIT 422 422 VANCOUVER, WA 986603445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
YWCA CLARK COUNTY3609 MAIN ST VANCOUVER, WA 986632225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YWCA CLARK COUNTY3609 MAIN ST VANCOUVER, WA 986632225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COMMUNITY COLLEGE DISTRICT 14 1933 FORT VANCOUVER WAY VANCOUVER, WA 986633598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,500
CLARK COMMUNITY COLLEGE DISTRICT 14 1933 FORT VANCOUVER WAY VANCOUVER, WA 986633598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
REFARM SANCTUARY 36703 SE SUNSET VIEW RD WASHOUGAL, WA 986716768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WENATCHEE VALLEY HUMANE SOCIETY INC 1474 S WENATCHEE AVE WENATCHEE, WA 988013759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
FREEDOM FIRM USA811 N KANSAS AVE E WENATCHEE, WA 988026034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
OKANOGAN COUNTY ANIMAL FOSTER CARE PO BOX 3385 OMAK, WA 988413385	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 5301 TIETON DR STE C YAKIMA, WA 989083479	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTRAL WASHINGTON UNIVERSITY FOUND 400 E UNIVERSITY WAY ELLENSBURG, WA 989267508	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
TIETON ARTS AND HUMANITIES PO BOX 171 TIETON, WA 989470171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE VALLEY HUBPO BOX 604 LIBERTY LAKE, WA 990160604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LIBERTY LAKE CENTENNIAL ROTARYFOUND PO BOX 242 LIBERTY LAKE, WA 990190242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF WHITMAN COUNTY LIBRARY S 102 MAIN COLFAX, WA 991111819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WHITMAN COUNTY LIBRARY S 102 MAIN COLFAX, WA 991111819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
WHITMAN COUNTY HUMANE SOCIETY INC PO BOX 453 PULLMAN, WA 991630453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991640001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,501
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE UNIVERSITY PO BOX 647012 PULLMAN, WA 991647012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF THE INL W 222 MISSION SUITE 40 SPOKANE, WA 992010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF THE INL W 222 MISSION SUITE 40 SPOKANE, WA 992010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVIA FOUNDATION 421 W RIVERSIDE AVE 606 SPOKANE, WA 992010405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
INNOVIA FOUNDATION 421 W RIVERSIDE AVE 606 SPOKANE, WA 992010405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
INNOVIA FOUNDATION 421 W RIVERSIDE AVE 606 SPOKANE, WA 992010405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PLACE COMMUNITY OUTREACH 1509 W COLLEGE AVE SPOKANE, WA 992011917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 920 N WASHINGTON ST STE 200 SPOKANE, WA 992012229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 411 W BOY SCOUT WAY SPOKANE, WA 992012243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WOMEN & CHILDRENS FREE RESTAURANT & 1408 N WASHINGTON ST SPOKANE, WA 992012438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WOMEN & CHILDRENS FREE RESTAURANT & 1408 N WASHINGTON ST SPOKANE, WA 992012438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN HELPING WOMEN FUND 1325 W 1ST AVE STE 318 SPOKANE, WA 992014136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
WOMEN HELPING WOMEN FUND 1325 W 1ST AVE STE 318 SPOKANE, WA 992014136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE ARC OF SPOKANE320 E 2ND AVE SPOKANE, WA 992021402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,008
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,057
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 992022433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALDO CATHOLIC SCHOOL 455 W 18TH AVE SPOKANE, WA 992032008	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
RONALD MCDONALD HOUSE CHARITIES OF 1015 W 5TH AVE SPOKANE, WA 992043002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK SPOKANE, WA 992052500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK SPOKANE, WA 992052500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SPOKANE GUILDS SCHOOL AND NEUROMUSC 2118 W GARLAND AVE SPOKANE, WA 992052526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SPOKANE GUILDS SCHOOL AND NEUROMUSC 2118 W GARLAND AVE SPOKANE, WA 992052526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA PREPARATORY SCHOOL 1224 E EUCLID AVE SPOKANE, WA 992072844	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,900
CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 992102253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SPOKANE AREA WORKFORCE DEVELOPMENT 2000 N GREENE ST MSC 2158 SPOKANE, WA 992175410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT 17 COMMUNITY COLLEGES FOUN PO BOX 6000 -- MS 1005 SPOKANE, WA 992176000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4130 SPOKANE, WA 992200130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRIENDS OF KSPS3911 S REGAL ST SPOKANE, WA 992237721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KSPS3911 S REGAL ST SPOKANE, WA 992237721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FRIENDS OF KSPS3911 S REGAL ST SPOKANE, WA 992237721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT ID INCPO BOX 18703 SPOKANE, WA 992280703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALSSOPO BOX 48177 SPOKANE, WA 992281177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF BENTON AND FR 801 N 18TH AVE PASCO, WA 993011322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WHITMAN COLLEGE 21ST CENTURY TR 345 BOYER AVE WALLA WALLA, WA 993622067	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ST MARY FOUNDATION 401 W POPLAR ST WALLA WALLA, WA 993622846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE ST MARY FOUNDATION 401 W POPLAR ST WALLA WALLA, WA 993622846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WALLA WALLA MUSIC BOOSTERS INC 906 CHASE AVE WALLA WALLA, WA 993623974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALASKA COMMUNITY FOUNDATION 3201 C STREET 110 ANCHORAGE, AK 995030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE ALASKA FOUNDATION 3300 PROVIDENCE DR B TOWER STE 203 ANCHORAGE, AK 995084620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,040
ALASKA ASSOCIATION FOR HISTORIC PRE PO BOX 102205 ANCHORAGE, AK 995102205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST POINT CLASS OF 1998 MEMORIAL S 11561 W SKYLINE DR EAGLE RIVER, AK 995777909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SOAR INTERNATIONAL MINISTRIES INC 135 GRANITE POINT CT KENAI, AK 996117711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CHILDRENS SURGICAL CENTRE PO BOX 2545 KODIAK, AK 996152545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,211
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS SURGICAL CENTRE PO BOX 2545 KODIAK, AK 996152545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SEALASKA HERITAGE INSTITUTE 105 S SEWARD ST STE 201 JUNEAU, AK 998010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COASTALASKA INC360 EGAN DR JUNEAU, AK 998011769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP INC350 WHITTIER ST JUNEAU, AK 998011774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNEAU JUNIOR GOLF CLUB INC PO BOX 20004 JUNEAU, AK 998020004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
JUNEAU JUNIOR GOLF CLUB INC PO BOX 20004 JUNEAU, AK 998020004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				169,816,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNEAU SYMPHONY INCPO BOX 21236 JUNEAU, AK 998021236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRAIL MIX INCPO BOX 35693 JUNEAU, AK 998035693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
TRAIL MIX INCPO BOX 35693 JUNEAU, AK 998035693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				169,816,208

TY 2018 Investments - Other Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	10,523	10,523

TY 2018 Other Expenses Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	9,420	0		0

TY 2018 Other Income Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MINERAL RECEIPTS	2,174	2,174	2,174
LITIGATION PROCEEDS	195		195
STALE CHECKS RETURNED	286,289		286,289

TY 2018 Other Increases Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Description	Amount
PRIOR PERIOD ADJUSTMENT TO INVESTMENT VALUE	10,386
UNREALIZED GAIN ON INVESTMENT	136

TY 2018 Other Professional Fees Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	4,311	4,311		0

TY 2018 Taxes Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	1,990	0		0

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2018

Name of the organization	**Employer identification number**
THE BANK OF AMERICA CHARITABLE FOUNDATION INC	20-0721133

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

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

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

Name of organization
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

Employer identification number
20-0721133

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA NA 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE, NC 28255	$ 123,353,540	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE BANK OF AMERICA CHARITABLE FOUNDATION INC	20-0721133

Part II Noncash Property

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization	Employer identification number
THE BANK OF AMERICA CHARITABLE FOUNDATION INC	20-0721133

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee